

Form HUD-50058 Family Report Technical Reference Guide

US Department of Housing and Urban Development

*updated as of November 1999*

Form HUD-50058 Technical Reference Guide  
Table of Contents

1.0 Introduction.....	Guide-1
2.0 Intended Audience.....	Guide-1
3.0 Summary of Form HUD-50058 Technical Reference Guide.....	Guide-1
4.0 Questions on Form HUD-50058 Technical Reference Guide.....	Guide-1
5.0 Form HUD-50058, Family Report.....	Guide-1
6.0 Transmission File Layout .....	Guide-2
6.1 Special Instructions for Portability Move-out, End of Participation, and FSS Addendum.....	Guide-3
6.2 Graphical Representation.....	Guide-4
7.0 Data Format Standards.....	Guide-5
Flat File Layout.....	L-1
Detailed Layout Information.....	H-1
Cross Reference.....	XREF-1
8.0 Data Transmission.....	DT-1
8.1 SprintMail Transmission.....	DT-1
8.1 Internet Transmission.....	DT-1
9.0 Acknowledgments and Error Reports.....	ER-1
Error File Layout.....	ER-3
Error Report Example.....	ER-5
Error Analysis Report Example.....	ER-6
Attachment A : Form-HUD 50058 Family Report.....	Att-1

## 1.0 Introduction

The *Form HUD-50058 Family Report Technical Reference Guide* provides information needed to develop software to capture and edit Form HUD-50058 data and prepare it for submission to the US Department of Housing and Urban Development (HUD). The *Guide* contains all the data edits and data descriptions necessary to design software that will follow the 5/98 version of the Form HUD-50058.

## 2.0 Intended Audience

HUD developed the *Form HUD-50058 Technical Reference Guide* for vendors and HAs who develop software to capture and store Form HUD-50058 data and to view acknowledgments and error reports.

## 3.0 Summary of *Form-HUD 50058 Technical Reference Guide*

The *Guide* contains the following information:

- Summary of the Form HUD-50058
- Transmission file layout
- Descriptions of each field in the transmission file layout, including edit descriptions
- Cross reference between the Form HUD-50058 and the position of the line in the transmission file
- Data transmission information
- Layout of the error file
- Draft version of the revised Form HUD-50058

## 4.0 Questions on *Form-HUD 50058 Technical Reference Guide*

Users of this Guide should post their questions to the Form HUD-50058 Technical Forum on the MTCS Website. The address for this forum is

**<http://www.hud.gov/pih/systems/mtcs/forums.html>**. HUD monitors and responds to questions posted to this forum on a regular basis. HUD will answer questions on this guide as responses to the forum questions.

Additionally, HUD will post notice of changes to this guide to the Form HUD-50058 Technical Forum. HUD will post the actual changes to the MTCS Documentation web page in the same location as this original Guide. Users of the Guide should check the MTCS Documentation web page periodically for updates. The address for the MTCS Documentation page is **<http://www.hud.gov/pih/systems/mtcs/document.html>**.

## 5.0 Form HUD-50058, Family Report

The Form HUD-50058 captures information about residents who live in public and Indian housing and in Section 8 housing. The types of information include:

- Demographic information for all members of the household
- Citizenship information
- Income information
- Rent calculations

HAs who administer PIH's housing assistance programs collect this tenant data and send it to HUD electronically. HUD uses the information for the following purposes:

- Support the analysis of policy, legislative, budget, and program management initiatives and evaluations
- Determine the accuracy of subsidy payments
- Detect fraud
- Monitor the efforts of project administrators, including Public and Indian Housing Agencies
- Provide demographic information on program participants to support HUD management, HUD Field Office, and Housing Agency (HA) program objectives
- Monitor compliance with income reporting requirements and related eligibility factors
- Produce demographic information that describes the present occupancy of resident communities to Congress, sister Federal agencies, and special housing-related interest groups
- Perform income matching with the Social Security Administration and the Internal Revenue Service
- Monitor the accuracy of subsidy payments

Use the form as a guide to develop or modify software and to understand the flow of the information.

## 6.0 Transmission File Layout

This section contains the transmission file layout used to submit data to HUD, a detailed description of each field in the layout, including the edits for each field, and a cross reference between lines on the paper Form HUD-50058 and their positions in the transmission file.

When transmitting an entire Form HUD-50058, a data transmission must contain the following records for a family:

- 50058 Basic Record (Section Indicator equals '1')
- 50058 Family Record (Section Indicator equals '2') for each member of the family
- If the family has any income, a 50058 Income Record (Section Indicator equals '3'). Submit a separate 50058 Income Record for each member of the family and source of income.
- One of the following program records:
  - 50058 Public Housing Record (Section Indicator equals '4')
  - 50058 Indian Mutual Help Record (Section Indicator equals '5')
  - 50058 Certificate Record (Section Indicator equals '6')
  - 50058 Voucher Record (Section Indicator equals '7')
  - 50058 Mod Rehab Record (Section Indicator equals '8')
  - 50058 Manufactured Homeowner Record (Section Indicator equals '9')
- If any family member participates in the FSS program, 50058 FSS Addendum Record (Section Indicator equals 'F') - the HA may submit the 50058 FSS Addendum Record with any other program record or without any program records

## 6.1 Special Instructions for Portability Move-out, End of Participation, and FSS Addendum

The Form HUD-50058 allows HAs to submit Family Self-Sufficiency (FSS) addendum forms without submitting an entire Form HUD-50058. HUD will accept FSS forms without the entire Form HUD-50058 if:

- The Action code indicates that an FSS Enrollment or Exit only is being submitted (Type of Action equals '8' on line 2a. of the form)
- HUD has a completed Form HUD-50058 record on file for the family

If an HA submits an FSS addendum only (2a. Type of Action = 8), a Portability Move-out (2a. Type of Action = 5), or an End Participation (2a. Type of Action = 6), the HA must fill the following line numbers from the Form HUD-50058 and their corresponding fields in the Basic Record and the Family Member Record for Head of Household:

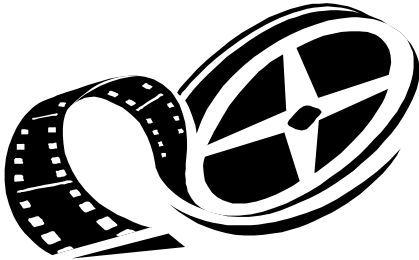
- Date Modified (Section 1, field 3)
- 1b. HA State (Section 1, field 4)
- 1c. HA Number (Section 1, field 5)
- 1d. Program (Section 1, field 6)
- 1e. Project State, if different from 1b., and if program is Public/Indian Housing (Section 1, field 7)
- 1f. Project/Originating HA Number, if different from 1c. (Section 1, field 8)
- 1g. Project Number, if program is Public/Indian Housing (Section 1, field 9)
- 1h. Site Number, if applicable and if program is Public/Indian Housing (Section 1, field 10)
- 2a. Type of Action (Section 1, field 11)
- 2b. Effective Date of Action (Section 1, field 12)
- 2e. FSS Participant Now or in the Last Year Indicator (Section 1, field 15)
- 3n. SSN of Head of Household (Section 1, field 7)
- 3a. Member Number (Section 2, field 3)
- 3b. Member Last Name (Section 2, field 4)
- 3c. Member First Name (Section 2, field 5)
- 3d. Member Middle Initial (Section 2, field 6)
- 3e. Member Date of Birth (of the Head of Household) (Section 2, field 7)
- 3g. Member Sex Code (Section 2, field 8)
- 3h. Member Relation Code (Section 2, field 9)
- 3i. Member Citizenship Code (Section 2, field 10)
- 3j. Member Disability Indicator (Section 2, field 11)
- 3k. Member Race Code (Section 2, field 12)
- 3m. Member Ethnicity Code (Section 2, field 13)
- 3n. Member SSN (Section 2, field 14)

Be sure to include the FSS Record for the FSS Enrollment or Exit only action, or if the family participated in FSS or Portability Move-out or End Participation actions. Also include the

Transmission Header and Transmission Footer for the transmission. Do not forget to include the Section Indicator and Record Number for each record submitted.

## 6.2 Graphical Representation

For a graphical representation of an HA's transmission file from an HA, envision a strip of film.



Consider each frame in the film as a family record and the entire film reel as the data transmitted from the HA to HUD. The film reel might appear as follows:

### FRAME 1:

- Transmission Header

### FRAME 2:

- 50058 Basic Record
- 50058 Family Record
- 50058 Income Record
- 50058 Public Housing Record
- 50058 FSS Addendum Record

### FRAME 3:

- 50058 Basic Record
- 50058 Family Record
- 50058 Voucher Record
- 50058 FSS Addendum Record

### FRAME 4:

- 50058 Basic Record
- 50058 Family Record
- 50058 Income Record
- 50058 Income Record
- 50058 Certificate Record

### FRAME 5:

- 50058 Basic Record
- 50058 Family Record
- 50058 FSS Addendum Record

### FRAME 6:

- Transmission Footer

## 7.0 Data Format Standards

The following data format standards apply to the appropriate items in the transmission file layout and detailed layout information that follow, unless otherwise specified in those sections.

- Transmitted data items shorter than the allocated field length in the transmission file layout must be:
  - Left justified for alphanumeric fields. Space fill as needed.
  - Right justified for numeric fields. Zero fill as needed.
- Format all dates as MMDDCCYY. Zero fill if no date is transmitted.
- MTCS does not accept nulls in lieu of spaces or zeros.
- Alphanumeric edits accept:
  - 0 (zero) through 9
  - a through z
  - A through Z
  - Special characters: \* + - / , . : ; ( ) = & % # \$ “ ‘ < > @ \_ \ ! ^ | { } [ ] ~

Field Number	Old Form Line #	New Form Line #	New Field Name	Start Position	Field Length
1		n/a	Record Identifier	1	5
2		n/a	Record Number	6	5
3		n/a	HA ID	11	10
4		n/a	Service/Return ID	21	10
5		n/a	Transmission Date	31	8
6		n/a	Transmission Time	39	6
7		n/a	Software Vendor ID	45	5
8		n/a	Vendor Software	50	10
9		n/a	HUD-50058 Form Version Date	60	8
10		n/a	Vendor Defined Data	68	10
11		n/a	Old/New Form Indicator	78	1



Field Number	Old Form Line #	New Form Line #	New Field Name	Start Position	Field Length
1	n/a	n/a	Section Indicator	1	1
2	n/a	n/a	Record Number	2	5
3	n/a	n/a	Date Last Modified	7	8
4	15l	1b.	HA State	15	2
5	15l	1c.	HA Number	17	3
6	15j	1d.	Program	20	2
7	15l	1e.	Project State	22	2
8	15l	1f.	Project/Originating HA Number	24	3
9	15l	1g.	Project Number	27	3
10	15l	1h.	Site Number	30	3
11	15h	2a.	Type of Action	33	1
12	1	2b.	Effective Date of Action	34	8
13	1	2c.	Date of Admission to the Program	42	8
14	n/a	2d.	Projected Next Re-exam Date	50	8
15	15f	2e.	Family Self Sufficiency Participant Now or in the Last Year Indicator	58	1
16	n/a	2f.	Use if instructed by HUD	59	5
17	n/a	2g.	HA Use Only	64	5
18	2h	3n.	SSN of Head of Household	69	9
19	2i	3r.	Total Number in Household	78	2
20	n/a	3s.	Family Subsidy Status Under Noncitizen Rule	80	1
21	n/a	3t.	Effective Date of Family Subsidy	81	8
22	15i	3u.	Former Head of Household SSN	89	9
23	15a	4a.	Date Entered Waiting List	98	8
24	15b	4b.	Zip Code before admission	106	5
25	15b	4b.	Zip Code +4 before admission	111	4
26	n/a	4c.	Homeless at Admission Indicator	115	1
27	n/a	4d.	Very Low Income Limit Indicator	116	1
28	19a	5a.	Unit Address	117	40
29	19a	5a.	Unit Apartment Number	157	10
30	19a	5a.	Unit City	167	25
31	19a	5a.	Unit State	192	2
32	19a	5a.	Unit Zip Code	194	5
33	19a	5a.	Unit Zip Code Plus 4	199	4
34	n/a	5b.	Family Mailing Address	203	40
35	n/a	5b.	Family Mailing Apartment Number	243	10
36	n/a	5b.	Family Mailing City	253	25
37	n/a	5b.	Family Mailing State	278	2
38	n/a	5b.	Family Mailing Zip Code	280	5
39	n/a	5b.	Family Mailing Zip Code Plus 4	285	4
40	15n	5c.	Number of Bedrooms in Unit	289	1
41	n/a	5d.	HA Identified Accessible Unit Indicator	290	1
42	n/a	5e.	Family Requested Accesibility Features	291	1

Field Number	Old Form Line #	New Form Line #	New Field Name	Start Position	Field Length
43	n/a	5f(a)	Has the Family Received Requested Accessibility Features: Fully	292	1
44	n/a	5f(b)	Has the Family Received Requested Accessibility Features: Partially	293	1
45	n/a	5f(c)	Has the Family Received Requested Accessibility Features : No	294	1
46	n/a	5f(d)	Has the Family Received Requested Accessibility Features; Action Pending	295	1
47	n/a	6f.	Total Cash Value of Assets	296	6
48	n/a	6g.	Total Anticipated Income	302	6
49	n/a	6h.	Passbook Rate	308	4
50	n/a	6i.	Imputed Asset Income	312	6
51	n/a	6j.	Final Asset Income	318	6
52	n/a	7k	Reserved	324	5
53	5	7m.	Total Annual Income	329	6
54	n/a	8b.	Reserved (Medical Percent)	335	4
55	7b	8c.	Medical/Disability Threshold	339	5
56	n/a	8d.	Total Unreimbursed Disability Assistance Expense	344	5
57	n/a	8e.	Earnings in 7d made possible by disability assistance expense	349	5
58	8	8f.	Allowable Disability Assistance Expense	354	5
59	7a	8g.	Total Out of Pocket Medical Expense	359	6
60	8	8h.	Total disability assistance and medical expenses	365	5
61	7c.	8i.	Medical/Disability Assistance Allowance	370	5
62	7d	8j.	Elderly/Disability Allowance	375	4
63	6	8k.	Number of Dependents	379	2
64	n/a	8m.	Allowance per Dependent	381	3
65	9a	8n.	Dependent Allowance	384	5
66	9b	8p.	Yearly Child Care Cost that is not reimbursed	389	5
67	9c	8q.	Travel Cost to Work/School	394	4
68	n/a	8r.	Optional Earned Income Deduction	398	4
69	n/a	8d(1).	Maximum Disability Allowance	402	5
70	n/a	8t.	Reserved	407	5
71	n/a	8u.	Total Allowances	412	6
72	10b	8v.	Adjusted Annual Income	418	6
73	n/a	9a.	Total Monthly Income	424	6
74	n/a	9b.	Reserved (% of monthly income as decimal)	430	4
75	n/a	9c.	TTP if based on annual income	434	6

Field Number	Old Form Line #	New Form Line #	New Field Name	Start Position	Field Length
76	11	9d.	Adjusted Monthly Income	440	6
77	n/a	9e.	Reserved (% of adjusted income as decimal)	446	4
78	n/a	9f.	TTP If Based on Adjusted Annual Income	450	5
79	13	9g.	Welfare Rent per Month	455	5
80	n/a	9h.	Minimum TTP	460	3
81	n/a	9i.	Reserved	463	5
82	14	9j.	TTP	468	5
83	n/a	9k.	Most Recent TTP	473	5

Field Number	Old Form Line #	New Form Line #	New Field Name	Start Position	Field Length
1	n/a	n/a	Section Indicator	1	1
2	n/a	n/a	Record Number	2	5
3	2a	3a.	Member Number	7	2
4	2b	3b.	Member Last Name	9	20
5	2c	3c.	Member First Name	29	20
6	n/a	3d.	Member Middle Initial	49	1
7	2d	3e	Member Birth Date	50	8
8	2e	3g.	Member Sex Code	58	1
9	2f	3h.	Member Relation Code	59	1
10	n/a	3i.	Member Citizenship Code	60	2
11	2g	3j.	Member Disability Indicator	62	1
12	n/a	3k.	Member Race Code	63	1
13	n/a	3m.	Member Ethnicity Code	64	1
14	2h	3n.	Member SSN	65	9

Field Number	Old Form Line#	New Form Line #	New Field Name	Start Position	Field Length
1	n/a	n/a	Section Indicator	1	1
2	n/a	n/a	Record Number	2	5
3	2a	7a.	Member Number	7	2
4	3c	7b.	Income Code	9	2
5	n/a	n/a	Reserved (Calculation for HA)	11	5
6	3a	7d.	Dollars Per Year	16	6
7	n/a	7e.	Adult Earned Income Excluded	22	6
8	n/a	7g.	Earnings Deductions	28	6

Field Number	Old Form Line #	New Form Line #	New Field Name	Start Position	Field Length
1	n/a	n/a	Section Indicator	1	1
2	n/a	n/a	Record Number	2	5
3	16a	10b.	Ceiling Rent	7	5
4	16b	10c.	Lower Rent	12	5
5	16c	10d.	Utility Allowance	17	3
6	16d	10e	Tenant Rent Indicator (Positive/Negative)	20	1
7	16d	10e.	Tenant Rent	21	5
8	n/a	10f.	Reserved	26	5
9	n/a	10g.	Reserved	31	5
10	n/a	10h.	Public/Indian Housing Maximum Rent	36	6
11	n/a	10i.	Family Maximum Subsidy	42	6
12	n/a	10j.	Total Number Eligible	48	2
13	n/a	10k.	Total Number in Family	50	2
14	n/a	10m.	Proration Percentage	52	2
15	n/a	10n.	Eligible Subsidy	54	6
16	n/a	10p.	Mixed Family Total Tenant Payment	60	5
17	n/a	10q.	Reserved	65	5
18	n/a	10r.	Utility Allowance	70	3
19	n/a	10s.	Mixed Family Tenant Rent Indicator (Positive/Negative)	73	1
20	n/a	10s.	Mixed Family Tenant Rent	74	5
21	n/a	10t.	Reserved	79	5
22	n/a	10u.	Reserved	84	5

Field Number	Old Form Line #	New Form Line #	New Field Name	Start Position	Field Length
1	n/a	n/a	Section Indicator	1	1
2	n/a	n/a	Record Number	2	5
3	17b	15b.	Mutual Help Percentage	7	4
4	17c	15c.	Gross Family Cost	11	6
5	17d	15d.	Utility Allowance	17	3
6	17e	15e.	Net Cost	20	5
7	17f	15f.	Administration Charge	25	5
8	17g	15g.	Maximum Monthly Payment in Agreement	30	5
9	17h	15h.	Family Cost	35	5

Field Number	Old Form Line #	New Form Line #	New Field Name	Start Position	Field Length
1	n/a	n/a	Section Indicator	1	1
2	n/a	n/a	Record Number	2	5
3	19d	5g.	Date Unit Last Passed Inspection	7	8
4	n/a	5h.	Date Unit Last Inspected	15	8
5	20a	11a.	Number of Bedrooms on Certificate	23	1
6	20b	11b.	Family Moving into Unit Indicator	24	1
7	n/a	11c.	Does the family qualify as Hard to House?	25	1
8	20c	11d.	Portability Indicator	26	1
9	20d	11e.	Cost Billed per Month	27	5
10	20e	11f.	HA Number Billed	32	8
11	20f	11g(a).	Project Based Certificate Program Unit Indicator	40	1
12	20f	11g(b).	SRO Indicator	41	1
13	20f	11g(c).	IGR Indicator	42	1
14	20f	11g(d).	Mod Rehab Indicator	43	1
15	n/a	11g(e).	OFTO Indicator	44	1
16	19b	11h.	Owner Name	45	35
17	19c	11i.	Owner TIN/SSN	80	9
18	21a	11j.	FMR or Exception Rent	89	5
19	21b	11k.	Contract Rent to Owner	94	5
20	21c	11m.	Utility Allowance	99	3
21	21d	11n.	Gross Rent of Unit	102	5
22	n/a	11p.	Reserved	107	5
23	n/a	11r.	Total HAP	112	6
24	21f	11s.	Tenant Rent Indicator(Positive/Negative)	118	1
25	21f	11s.	Tenant Rent	119	5
26	21g	11t.	HAP to Owner	124	5
27	n/a	11aa.	Prorated Normal Total HAP	129	5
28	n/a	11ab.	Reserved	134	5
29	n/a	11ac.	Reserved	139	5
30	n/a	11ad.	Reserved	144	5
31	n/a	11ae.	Total Number Eligible	149	2
32	n/a	11af.	Total Number in Family	151	2
33	n/a	11ag.	Proration Percentage	153	2
34	n/a	11ah.	Prorated Total HAP	155	5
35	n/a	11ai.	Mixed Family TTP	160	5



Field Number	Old Form Line #	New Form Line #	New Field Name	Start Position	Field Length
36	n/a	11ak.	Mixed Family Rent Indicator(Positive/Negative)	165	1
37	n/a	11ak.	Mixed Family Tenant Rent	166	5
38	n/a	11am.	Reserved	171	5
39	n/a	11an.	Prorated HAP to Owner	176	5

Field Number	Old Form Line #	New Form Line #	New Field Name	Start Position	Field Length
1	n/a	n/a	Section Indicator	1	1
2	n/a	n/a	Record Number	2	5
3	19d	5g.	Date Unit Last Passed Inspection	7	8
4	n/a	5h.	Date Unit Last Inspected	15	8
5	20a	12a.	Number of Bedrooms on Voucher	23	1
6	20b	12b.	Family Moving into Unit Indicator	24	1
7	n/a	12c.	Does the Family qualify as Hard to House?	25	1
8	20c	12d.	Portability Indicator	26	1
9	20d	12e.	Cost Billed per Month	27	5
10	20e	12f.	HA Number Billed	32	8
11	20f	12g(a).	SRO Indicator	40	1
12	20f	12g(b).	IGR Indicator	41	1
13	19b	12h.	Owner Name	42	35
14	19c	12i.	Owner TIN/SSN	77	9
15	22a	12j.	Voucher Payment Standard	86	4
16	22c	12m.	Maximum Subsidy	90	5
17	22f	12n.	Utility Allowance	95	3
18	22g	12p.	Rent to Owner	98	5
19	22h	12q.	Gross Rent of Unit	103	5
20	22i	12r.	Gross Rent Less Maximum Subsidy	108	5
21	n/a	12s.	Reserved	113	3
22	22k	12t.	Total Family Contribution	116	5
23	22l	12u.	Gross Rent Less Contribution	121	5
24	22m	12v.	Total Voucher Subsidy	126	5
25	22n	12w.	HAP to Owner (Rent Calculation)	131	5
26	22o	12x.	Family Rent to Owner	136	5
27	22p	12y.	Utility Reimbursement to Family	141	5
28	n/a	12aa.	Reserved	146	5
29	n/a	12ab.	Normal Total HAP	151	5
30	n/a	12ac.	Total Number Eligible	156	2
31	n/a	12ad.	Total Number in Family	158	2
32	n/a	12ae.	Proration Percentage	160	2
33	n/a	12af.	Prorated Total HAP	162	5
34	n/a	12ag.	Mixed Family Total Family Contribution	167	5
35	n/a	12ai.	Mixed Family Tenant Rent Indicator	172	1
36	n/a	12ai.	Mixed Family Tenant Rent	173	5
37	n/a	12aj.	Manufactured Homeowner Indicator	178	5
38	n/a	12ak.	Prorated HAP to Owner	183	5

Field Number	Old Form Line #	New Form Line #	New Field Name	Start Position	Field Length
1	n/a	n/a	Section Indicator	1	1
2	n/a	n/a	Record Number	2	5
3	19d	5g.	Date Unit Last Passed Inspection	7	8
4	n/a	5h.	Date Unit Last Inspected	15	8
5	23h	13a.	HAP Contract Number	23	14
6	23j	13b.	Mod Rehab SRO Program for Homeless Indicator	37	1
7	n/a	13c.	Mod Rehab SRO Unit Indicator	38	1
8	19b	13d.	Owner Name	39	35
9	19c	13e.	Owner TIN/SSN	74	9
10	23a	13f.	Current Base Rent	83	4
11	23b	13g.	Rehabilitation Debt Service	87	4
12	23c	13h.	Contract Rent to Owner	91	5
13	23d	13i.	Utility Allowance	96	3
14	23f	13k.	Tenant Rent Indicator (Positive/Negative)	99	1
15	23f	13k.	Tenant Rent	100	5
16	23g	13m.	HAP to Owner	105	5
17	n/a	13n.	Reserved	110	5
18	n/a	13p.	Gross Rent	115	6
19	n/a	13q.	Normal Total HAP	121	5
20	n/a	13r.	Total Number Eligible	126	2
21	n/a	13s.	Total Number in Family	128	2
22	n/a	13t.	Proration Percentage	130	2
23	n/a	13u.	Prorated Total HAP	132	5
24	n/a	13v.	Mixed Family TTP	137	5
25	n/a	13x.	Mixed Family Tenant Rent Indicator (Positive/Negative)	142	1
26	n/a	13x.	Mixed Family Tenant Rent	143	5
27	n/a	13y.	Reserved	148	5
28	n/a	13z.	Prorated HAP to Owner	153	5

Field Number	Old Form Line #	New Form Line #	New Field Name	Start Position	Field Length
1	n/a	n/a	Section Indicator	1	1
2	n/a	n/a	Record Number	2	5
3	19d	5g.	Date Unit Last Passed Inspection	7	8
4	n/a	5h.	Date Unit Last Inspected	15	8
5	20a	14a.	Number of Bedrooms on Certificate or Voucher	23	1
6	20b	14b.	Family Moving to Space Indicator	24	1
7	20c	14c.	Portability Indicator	25	1
8	20d	14d.	Cost Billed per Month	26	5
9	20e	14e.	HA Number Billed	31	8
10	n/a	14f.	OFTO Indicator	39	1
11	19b	14g.	Space Owner Name	40	35
12	19c	14h.	Space Owner TIN/SSN	75	9
13	24a	14i.	FMR	84	5
14	24c	14j.	Furniture Included in Purchase Price Indicator	89	1
15	24d	14k.	Monthly Amortization Payment	90	5
16	24e	14m.	Deduction	95	5
17	24f	14n.	Adjusted Amortization	100	5
18	24g	14p.	Utility Allowance	105	3
19	24h	14q.	Contract Rent to Owner (space rent)	108	5
20	24i	14r.	Gross Rent	113	5
21	24k	14t.	Gross Rent Minus TTP	118	5
22	n/a	14u.	Reserved	123	5
23	24l	14v.	HAP to Owner	128	5
24	24m	14w.	Tenant Rent	133	5
25	n/a	14x.	Reserved	138	5
26	n/a	14aa.	Total Number Eligible	143	2
27	n/a	14ab.	Total Number in Family	145	2
28	n/a	14ac.	Proration Percentage	147	2
29	n/a	14ad.	Prorated HAP to Owner	149	5
30	n/a	14ae.	Mixed Family TTP	154	5
31	n/a	14ag.	Mixed Family Tenant Rent	159	5

Field Number	Old Form Line #	New Form Line #	New Field Name	Start Position	Field Length
1		n/a	Section Indicator	1	1
2		n/a	Record Number	2	5
3		16a.	Category Enrollment Report Indicator	7	1
4		16a.	Category Progress Report Indicator	8	1
5		16a.	Category Exit Report Indicator	9	1
6		16b (1).	Family Received Selection Preference - JPTA Indicator.	10	1
7		16b (1).	Family Received Selection Preference - Other Indicator.	11	1
8		16b (1).	Family Did Not Receive Selection Preference Indicator.	12	1
9		16b (2).	Not Employed Indicator	13	1
10		16b (2).	Employed Full Time Indicator	14	1
11		16b (2).	Employed Part Time Indicator	15	1
12		16b (3).	Years of School Completed by the Head of Household	16	2
13		16b (4).	Family Currently Receiving Food Stamps Indicator	18	1
14		16b (4).	Family Currently Receiving Medicaid Indicator	19	1
15		16b (5).	Family Currently Receiving JTPA Services Indicator	20	1
16		16c (1).	Initial Start Date of Contract of Participation	21	6
17		16c (2).	Initial End Date of Contract of Participation	27	6
18		16c (3).	Contract Extension Date	33	6
19		16c (4).	Number of Family Members with Individual Training and Services Plan	39	2
20		16d (1).	Current FSS Account Monthly Credit	41	5
21		16d (2).	Current FSS Account Balance	46	5
22		16d (3).	Current FSS Amount Disbursed to the Family	51	5
23		16e (a)	GED Needs Indicator(Y/N)	56	1
24		16e (a)	High School Needs Indicator (Y/N)	57	1
25		16e (a)	Post-Secondary Needs Indicator(Y/N)	58	1

Field Number	Old Form Line #	New Form Line #	New Field Name	Start Position	Field Length
26		16e (a)	Vocational/Job Training Needs Indicator (Y/N)	59	1
27		16e (a)	Job Search/Job Placement Needs Indicator(Y/N)	60	1
28		16e (a)	Transportation Needs Indicator (Y/N)	61	1
29		16e (a)	Health Services Needs Indicator (Y/N)	62	1
30		16e (a)	Child Care Needs (Number of Children)	63	1
31		16e (b)	GED Needs Met Through FSS Indicator (Y/N)	64	1
32		16e (b)	High School Needs Met Through FSS Indicator(Y/N)	65	1
33		16e (b)	Post-Secondary Needs Met Through FSS Indicator(Y/N)	66	1
34		16e (b)	Vocational/Job Training Needs Met Through FSS Indicator(Y/N)	67	1
35		16e (b)	Job Search/Job Placement Needs Met Through FSS Indicator(Y/N)	68	1
36		16e (b)	Transportation Needs Met Through FSS Indicator(Y/N)	69	1
37		16e (b)	Health Services Needs Met Through FSS Indicator(Y/N)	70	1
38		16e (b)	Child Care Needs Met Through FSS (Number of Children)	71	1
39		16e (c)	GED Needs Met By Others Indicator(Y/N)	72	1
40		16e (c)	High School Needs Met By Others Indicator(Y/N)	73	1
41		16e (c)	Post-Secondary Needs Met By Others FSS Indicator(Y/N)	74	1
42		16e (c)	Vocational/Job Training Needs Met By Others FSS Indicator (Y/N)	75	1
43		16e (c)	Job Search/Job Placement Needs Met By Others Indicator (Y/N)	76	1
44		16e (c)	Transportation Needs Met By Others Indicator (Y/N)	77	1
45		16e (c)	Health Services Needs Met By Others Indicator(Y/N)	78	1
46		16e (c)	Child Care Needs Met by Others (Number of Children)	79	1

Field Number	Old Form Line #	New Form Line #	New Field Name	Start Position	Field Length
47		16f (1).	Completed Contract Participation Indicator	80	1
48		16f (2).	Left Because Moving to Homeownership Indicator	81	1
49		16f (3).	Left Voluntarily Indicator	82	1
50		16f (3).	Asked to Leave Program Indicator	83	1
51		16f (3).	Left Because Essential Service Unavailable Indicator	84	1
52		16f (3).	Contract Expired but Family did not Fulfill Obligations Indicator	85	1

Field Number	Old Form Line #	New Form Line #	New Field Name	Start Position	Field Length
1		n/a	Record Identifier	1	5
2		n/a	Record Number	6	5
3		n/a	Number of Forms in Submission	11	6



## File Layout for Data Transmission to MTCS

### Transmission Header

<b>NAME:</b>	<b>Record Identifier</b>
DESCRIPTION:	A number to identify the file as MTCS data
TYPE:	Alphanumeric
SIZE:	5
COMMENTS:	Set to 'MHR58'
EDITS:	Fatal: Must equal 'MHR58'
FIELD NUMBER:	1
POSITION:	1-5
LINE REFERENCE NO:	n/a

---

<b>NAME:</b>	<b>Record Number</b>
DESCRIPTION:	A number to identify the record in the file
TYPE:	Numeric
SIZE:	5
COMMENTS:	Set to '00001'. This is a sequential number incremented by 1 for each record in the transmission. The record number for this record will always be '00001' because it will always be the first record in each transmission.
EDITS:	Fatal: Must equal '00001'
FIELD NUMBER	2
POSITION:	6-10
LINE REFERENCE NO:	n/a

---

---

<b>NAME:</b>	<b>Owner/HA Mailbox ID</b>
DESCRIPTION:	ID number issued by HUD that uniquely identifies a Housing Authority
TYPE:	Alphanumeric (left justified)
SIZE:	10
COMMENTS:	None
EDITS:	Fatal: Must be a valid ID issued by HUD
FIELD NUMBER:	3
POSITION:	11-20
LINE REFERENCE NO:	n/a

---

<b>NAME:</b>	<b>Service/Return Mailbox ID</b>
DESCRIPTION:	An ID number issued by HUD to identify organization sending Form HUD-50058 data.
TYPE:	Alphanumeric (left justified)
SIZE:	10
COMMENTS:	If an HA is sending its own data, the Service/Return ID will be the same as the HA ID. Used to identify where to return error files and acknowledgments from MTCS.
EDITS:	Fatal: Must be a valid ID issued by HUD
FIELD NUMBER:	4
POSITION:	21-30
LINE REFERENCE NO:	n/a

---

<b>NAME:</b>	<b>Transmission Date</b>
DESCRIPTION:	The date the file was created
TYPE:	Date
SIZE:	8
COMMENTS:	Must be properly formatted; no dashes, slashes, or spaces should be used
EDITS:	Fatal: MMDDCCYY format
FIELD NUMBER:	5
POSITION:	31-38
LINE REFERENCE NO:	n/a

---

**NAME: Transmission Time**

DESCRIPTION: The time the file was created

TYPE: Time

SIZE: 6

COMMENTS: Must be properly formatted; no colons should be used

EDITS: Fatal: HHMMSS format

FIELD NUMBER: 6

POSITION: 39-44

LINE REFERENCE NO: n/a

---

**NAME: Vendor Software ID**

DESCRIPTION: A number to identify vendor of the software

TYPE: Alphanumeric

SIZE: 5

COMMENTS: Number each software vendor may use to identify it's product.

EDITS: None

FIELD NUMBER: 7

POSITION: 45-49

LINE REFERENCE NO: n/a

---

**NAME: Vendor Software/Version Number**

DESCRIPTION: The identifier of the software release and version information

TYPE: Alphanumeric

SIZE: 10

COMMENTS: Used when providing customer support to identify which version of software users have used to record tenant characteristic data

EDITS: None

FIELD NUMBER: 8

POSITION: 50-59

LINE REFERENCE NO: n/a

---

**NAME: HUD-50058 Form Version Date**

DESCRIPTION: The date of the approved Form HUD-50058  
TYPE: Date  
SIZE: 8  
COMMENTS: Must be properly formatted; no dashes or spaces  
EDITS: Fatal: MMDDCCYY format  
FIELD NUMBER: 9  
POSITION: 60-67  
LINE REFERENCE NO: n/a

---

**NAME: Vendor Defined Data**

DESCRIPTION: For vendor use; will not be edited  
TYPE: Alphanumeric  
SIZE: 10  
COMMENTS: None  
EDITS: None  
FIELD NUMBER: 10  
POSITION: 68-77  
LINE REFERENCE NO: n/a

---

**NAME: Old/New Format Indicator**

DESCRIPTION: Indicates that the file format is new  
TYPE: Alpha  
SIZE: 1  
COMMENTS: Must be filled with 'N' for new  
EDITS: Fatal: Must be 'N'  
FIELD NUMBER: 11  
POSITION: 78  
LINE REFERENCE NO: n/a

---

**50058 Basic Record Format****NAME: Section Indicator**

DESCRIPTION: The field indicates this is the beginning of a new section

TYPE: Numeric

SIZE: 1

COMMENTS: Use '1' for the section indicator for the basic record

EDITS: Fatal: Must equal '1'

FIELD NUMBER: 1

POSITION: 1

LINE REFERENCE NO: n/a

---

**NAME: Record Number**

DESCRIPTION: A sequential number that indicates the record number of the transmission

TYPE: Numeric

SIZE: 5

COMMENTS: The number is incremented by 1 for each subsequent record in the transmission. For example, the record number for the first basic record in the transmission will be '00002', which is one increment from the header record number.

EDITS: None

FIELD NUMBER: 2

POSITION: 2-6

LINE REFERENCE NO: n/a

---

<b>NAME:</b>	<b>Date Modified</b>
DESCRIPTION:	System generated date of modifications to the family's information
TYPE:	Date
SIZE:	8
COMMENTS:	MMDDCCYY format; May be different from the effective date of action
EDITS:	Fatal: • Cannot be blank Fatal: • MMDDCCYY format
FIELD NUMBER:	3
POSITION:	7-14
LINE REFERENCE NO:	n/a

---

<b>NAME:</b>	<b>HA State</b>
DESCRIPTION:	State in which the HA is located
TYPE:	Alpha
SIZE:	2
COMMENTS:	Use postal state codes (exception for Islands)
EDITS:	Fatal: • Cannot be blank Fatal: • Must be a valid state code
FIELD NUMBER:	4
POSITION:	15-16
LINE REFERENCE NO:	1b.

---

<b>NAME:</b>	<b>HA Number</b>
DESCRIPTION:	HA number assigned to the HA by HUD
TYPE:	Numeric
SIZE:	3
COMMENTS:	Number HUD uses to recognize the HA in that state. For Section 8, this HA number must have active units
EDITS:	Fatal: • Cannot be blank Fatal: • Must be a valid 3 digit HA number that exists in MTCS Warning: • 1b plus 1c must equal owner HA ID in header record, unless vendor sends data or HA ID is in authorization table
FIELD NUMBER:	5
POSITION:	17-19
LINE REFERENCE NO:	1c.

---

<b>NAME:</b>	<b>Program</b>
DESCRIPTION:	The type of housing program
TYPE:	Alpha (left justified)
SIZE:	2
COMMENTS:	May use either one letter or two letter codes, where applicable
EDITS:	Fatal: <ul style="list-style-type: none"><li>• Cannot be blank</li></ul>
	Fatal: <ul style="list-style-type: none"><li>• Must be valued 'P' for Public Housing, 'CE' for Section 8 Certificates, 'MC' for Mod Rehab Converted to Certificate, 'VO' for Section 8 Vouchers, 'MR' for Mod Rehab, or 'B' for Indian Housing</li></ul>
FIELD NUMBER:	6
POSITION:	20-21
LINE REFERENCE NO:	1d.

---

<b>NAME:</b>	<b>Project State</b>
DESCRIPTION:	The state where the housing project is located
TYPE:	Alpha
SIZE:	2
COMMENTS:	<ul style="list-style-type: none"><li>• Fill if different from the HA State code; for Public/Indian Housing only</li><li>• Leave blank for Section 8 programs</li></ul>
EDITS:	Fatal: <ul style="list-style-type: none"><li>• Must be a valid state code when filled (exception for Islands)</li></ul>
	Warning: <ul style="list-style-type: none"><li>• Must be blank if 1d equals 'VO', 'CE', 'MC', or 'MR'</li></ul>
FIELD NUMBER:	7
POSITION:	22-23
LINE REFERENCE NO:	1e.

---

<b>NAME:</b>	<b>Project/Originating HA Number</b>
DESCRIPTION:	The number of the HA who applied for initial funding and received approval from HUD for the development or acquisition of the project.
TYPE:	Numeric
SIZE:	3
COMMENTS:	Populate if different from the current HA managing the project
EDITS:	Fatal: • If valued, must be a valid HA number Fatal: • If valued, must be three digit numeric Fatal: • If valued, 1d must be 'P' or 'B'
FIELD NUMBER:	8
POSITION:	24-26
LINE REFERENCE NO:	1f.

---

<b>NAME:</b>	<b>Project Number</b>
DESCRIPTION:	Official number for the Public/Indian Housing Project
TYPE:	Numeric
SIZE:	3
COMMENTS:	Applies to Public/Indian Housing Projects only
EDITS:	Fatal: • Must be valued if 1d equals 'P' or 'B' Fatal: • If valued, must be a valid 3 digit Project Number
FIELD NUMBER:	9
POSITION:	27-29
LINE REFERENCE NO:	1g.

---

<b>NAME:</b>	<b>Site Number</b>
DESCRIPTION:	Site ID number used to identify project sites
TYPE:	Alphanumeric (left justified)
SIZE:	3
COMMENTS:	May also be a suffix
EDITS:	none
FIELD NUMBER:	10
POSITION:	30-32
LINE REFERENCE NO:	1h.

---



<b>NAME:</b>	<b>Type of Action</b>
DESCRIPTION:	Indicates the reason for submitting a 50058 record for the family
TYPE:	Numeric
SIZE:	1
COMMENTS:	none
EDITS:	Fatal: • Cannot be blank Fatal: • Must be valued '1', '2', '3', '4', '5', '6', '7', or '8'
FIELD NUMBER:	11
POSITION:	33
LINE REFERENCE NO:	2a.

---

<b>NAME:</b>	<b>Effective Date of Action</b>
DESCRIPTION:	This is the effective date of the action occurring in line 2a.
TYPE:	Date
SIZE:	8
COMMENTS:	Must be in MMDDCCYY format
EDITS:	Fatal: • Cannot be blank Fatal: • Cannot be earlier than the Date of Admission to Program, if provided Fatal: • Cannot be earlier than the effective date of action previously submitted for this family Fatal: • Must be in MMDDCCYY format Fatal: • If 1d equals 'CE' and 11(g)(a) does not equal 'Y' and 2a equals 1, 4, or 7, date must be earlier than 10/01/1999 Warning: • Cannot be later than 90 days from Date Last Modified Warning: • Cannot be older than 18 months (MTCS will purge Form before processing)
FIELD NUMBER:	12
POSITION:	34-41
LINE REFERENCE NO:	2b.

---

---

<b>NAME:</b>	<b>Date of Admission to Program</b>
DESCRIPTION:	Date the family was initially admitted to the program in line 1d
TYPE:	Date
SIZE:	8
COMMENTS:	MMDDCCYY format
EDITS:	Fatal: • Cannot be blank if 2a is '1' (new admission)
	Fatal: • Must be in MMDDCCYY format
	Warning: • May be blank if 2a is '5', '6', or '8'
FIELD NUMBER:	13
POSITION:	42-49
LINE REFERENCE NO:	2c.

---

---

<b>NAME:</b>	<b>Projected Effective Date of Next Re-Exam</b>
DESCRIPTION:	Projected effective date of next re-exam
TYPE:	Date
SIZE:	8
COMMENTS:	MMDDCCYY format; populate if date is other than 12 months from effective date of action
EDITS:	Fatal: • If valued, must be in MMDDCCYY format
	Warning: • If valued, must be greater than 2b
	Warning: • May be blank if 2a is '5', '6', or '8'
FIELD NUMBER:	14
POSITION:	50-57
LINE REFERENCE NO:	2d.

---

**NAME:** **Family Self Sufficiency Participant Now or in the Last Year Indicator**

**DESCRIPTION:** Indicates if the family participates in the FSS program now or has participated in the last year

**TYPE:** Alpha

**SIZE:** 1

**COMMENTS:** Use 'Y' for yes and 'N' for no

**EDITS:** Fatal: • Cannot be blank  
Fatal: • Must be valued 'Y' or 'N'  
Fatal: • If valued 'N', must not transmit Section 'F'

**FIELD NUMBER:** 15

**POSITION:** 58

**LINE REFERENCE NO:** 2e.

---

**NAME:** **Use if Instructed by HUD**

**DESCRIPTION:** Reserved for future use if instructed by HUD

**TYPE:** AlphaNumeric

**SIZE:** 5

**COMMENTS:** Provide 'PR' if the submission is for a Preservation Cert or Voucher

**EDITS:** Warning: Must be blank or 'PR'

**FIELD NUMBER:** 16

**POSITION:** 59-63

**LINE REFERENCE NO:** 2f.

---

**NAME:** **Reserved (HA Use Only)**

**DESCRIPTION:** Reserved for future use if instructed by HUD

**TYPE:** AlphaNumeric

**SIZE:** 5

**COMMENTS:** Submit blanks unless instructed by HUD

**EDITS:** None

**FIELD NUMBER:** 17

**POSITION:** 64-68

**LINE REFERENCE NO:** 2g.

---

**NAME:** **SSN of Head of Household**  
**DESCRIPTION:** Social Security Number of the Head of the household  
**TYPE:** Numeric  
**SIZE:** 9  
**COMMENTS:** If member of the household does not have an SSN, use '999999999'  
**EDITS:** Fatal: • Must be nine digits  
Fatal: • Cannot be blank  
Fatal: • Cannot equal '000000000'  
**FIELD NUMBER:** 18  
**POSITION:** 69-77  
**LINE REFERENCE NO:** 3n.

---

**NAME:** **Total Number in Household**  
**DESCRIPTION:** The total number of members in the household  
**TYPE:** Numeric  
**SIZE:** 2  
**COMMENTS:** None  
**EDITS:** Fatal: • Cannot be blank unless 2a is '5', '6', or '8'  
Fatal: • Range: 1-99  
Fatal: • Must equal the total number of household members listed in line(s) 3a.  
**FIELD NUMBER:** 19  
**POSITION:** 78-79  
**LINE REFERENCE NO:** 3r.

---

<b>NAME:</b>	<b>Family Subsidy Status Under Noncitizen Rule</b>
<b>DESCRIPTION:</b>	Codes to determine the subsidy status of a family based on the noncitizen rule
<b>TYPE:</b>	Alpha
<b>SIZE:</b>	1
<b>COMMENTS:</b>	None
<b>EDITS:</b>	<p>Fatal: • Must be valued 'C', 'E', 'F', 'P', 'T', or 'N'</p> <p>Warning: • Can no longer equal 'N' beginning October 1, 1999</p> <p>Fatal: • Cannot be 'E' if any family member (3h equal to 'H', 'S', 'Y', 'E', 'K', or 'A') is an ineligible noncitizen (3i equals 'IN') or pending verification (3i equals 'PV')</p> <p>Fatal: • Must be 'P', 'C' or 'T' if any family member (3h equal to 'H', 'S', 'Y', 'E', 'K', or 'A') is an ineligible noncitizen (3i equals 'IN')</p> <p>Warning: • May be blank if 2a is '5', '6', or '8'</p> <p>Fatal: • If 3s = 'P', at least one family member must have a member citizen code (3i) of 'EN', 'EC' or 'PV'</p> <p>Fatal: • Must equal 'T' if all members of the family are ineligible noncitizens (3i equals 'IN' for all family members)</p> <p>Fatal: • Cannot be 'P' if all family members are eligible citizens (3i equals 'EC' for all family members) or eligible noncitizens (3i equals 'EN' for all family members) or pending verification (3i equals 'PV' for all family members)</p>
<b>FIELD NUMBER:</b>	20
<b>POSITION:</b>	80
<b>LINE REFERENCE NO:</b>	3s.

---

<b>NAME:</b>	<b>Effective Date of Family Subsidy Status</b>
<b>DESCRIPTION:</b>	Original date family qualified for continuation of assistance, or date temporary deferral of termination was granted
<b>TYPE:</b>	Date
<b>SIZE:</b>	8
<b>COMMENTS:</b>	MMDDCCYY format
<b>EDITS:</b>	<p>Fatal: • Cannot be blank if 3s is 'C' or 'T'</p> <p>Fatal: • If valued, must be in MMDDCCYY format</p> <p>Warning: • May be blank if 2a is '5', '6', or '8'</p>
<b>FIELD NUMBER:</b>	21
<b>POSITION:</b>	81-88
<b>LINE REFERENCE NO:</b>	3t.

---

---

<b>NAME:</b>	<b>Former HoH SSN</b>
DESCRIPTION:	If new Head of Household, the SSN of the former Head of Household
TYPE:	Numeric
SIZE:	9
COMMENTS:	If former Head did not have an SSN, enter '999999999'
EDITS:	Warning: <ul style="list-style-type: none"><li>• If valued, cannot be the same SSN value as the current Head of Household</li></ul>
	Warning: <ul style="list-style-type: none"><li>• If valued, must be nine digit numeric</li></ul>
FIELD NUMBER:	22
POSITION:	89-97
LINE REFERENCE NO:	3u.

---

---

<b>NAME:</b>	<b>Date Entered Waiting List</b>
DESCRIPTION:	The date the family was placed on the waiting list
TYPE:	Date
SIZE:	8
COMMENTS:	MMDDCCYY format
EDITS:	Warning: <ul style="list-style-type: none"><li>• Cannot be blank if 2a =1 (new admission)</li></ul>
	Fatal: <ul style="list-style-type: none"><li>• If valued, must be in MMDDCCYY format</li></ul>
	Warning: <ul style="list-style-type: none"><li>• If valued, must not be later than 2b (effective date of action)</li></ul>
	Warning: <ul style="list-style-type: none"><li>• May be blank if 2a is '5', '6', or '8'</li></ul>
FIELD NUMBER:	23
POSITION:	98-105
LINE REFERENCE NO:	4a.

---

---

<b>NAME:</b>	<b>Zip Code Before Admission</b>
DESCRIPTION:	Family's 5 digit zip code before being admitted to the program
TYPE:	Numeric
SIZE:	5
COMMENTS:	None
EDITS:	Warning: If valued, must be numeric
FIELD NUMBER:	24
POSITION:	106-110
LINE REFERENCE NO:	4b.

---

---

<b>NAME:</b>	<b>Zip Code +4 Before Admission</b>
DESCRIPTION:	Family's zip +4 before being admitted to the program
TYPE:	Numeric
SIZE:	4
COMMENTS:	None
EDITS:	Warning: If valued, must be numeric
FIELD NUMBER:	25
POSITION:	111-114
LINE REFERENCE NO:	4b.

---

---

<b>NAME:</b>	<b>Homeless at Admission Indicator</b>
DESCRIPTION:	Indicates whether or not the family was homeless at admission to the program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes or 'N' for no
EDITS:	Fatal: • Cannot be blank
	Fatal: • Must be valued 'Y' or 'N'
FIELD NUMBER:	26
POSITION:	115
LINE REFERENCE NO:	4c.

---

**NAME:** **Very Low Income Limit Indicator**

**DESCRIPTION:** Indicates whether or not the family qualified for program admission even though their income exceeded the very low income limit

**TYPE:** Alpha

**SIZE:** 1

**COMMENTS:** Use 'Y' or 'N'

**EDITS:** Fatal: • If valued, must be 'Y' or 'N'

Fatal: • Must be valued if 1d equals 'CE', 'VO', 'MR', or 'MC' unless 2a equals '5', '6', or '8'

**FIELD NUMBER:** 27

**POSITION:** 116

**LINE REFERENCE NO:** 4d.

---

**NAME:** **Unit Address (Number and Street)**

**DESCRIPTION:** Address of the unit

**TYPE:** Alphanumeric

**SIZE:** 40

**COMMENTS:** Unit number and street; Do not use Post Office Boxes

**EDITS:** Fatal: • Cannot be blank unless 2a equals '5', '6', or '8'

**FIELD NUMBER:** 28

**POSITION:** 117-156

**LINE REFERENCE NO:** 5a.

---

**NAME:** **Unit Apartment Number**

**DESCRIPTION:** Apartment number of the unit

**TYPE:** Alphanumeric

**SIZE:** 10

**COMMENTS:** None

**EDITS:** None

**FIELD NUMBER:** 29

**POSITION:** 157-166

**LINE REFERENCE NO:** 5a.

---



<b>NAME:</b>	<b>Unit City</b>
DESCRIPTION:	City of the unit
TYPE:	Alphanumeric
SIZE:	25
COMMENTS:	None
EDITS:	Fatal: Cannot be blank unless 2a equals '5', '6', or '8'
FIELD NUMBER:	30
POSITION:	167-191
LINE REFERENCE NO:	5a.

---

<b>NAME:</b>	<b>Unit State</b>
DESCRIPTION:	State code of the unit
TYPE:	Alpha
SIZE:	2
COMMENTS:	None
EDITS:	Fatal: • Cannot be blank unless 2a equals '5', '6', or '8'
	Fatal: • Must be a valid state code
FIELD NUMBER:	31
POSITION:	192-193
LINE REFERENCE NO:	5a.

---

<b>NAME:</b>	<b>Unit Zip Code</b>
DESCRIPTION:	Five digit Zip Code of the unit
TYPE:	Numeric
SIZE:	5
COMMENTS:	None
EDITS:	Fatal: Cannot be blank unless 2a equals '5', '6', or '8'
FIELD NUMBER:	32
POSITION:	194-198
LINE REFERENCE NO:	5a.

---

**NAME: Unit Zip Code +4**

DESCRIPTION: Zip +4 of the unit

TYPE: Numeric

SIZE: 4

COMMENTS: None

EDITS: None

FIELD NUMBER: 33

POSITION: 199-202

LINE REFERENCE NO: 5a.

---

**NAME: Family Mailing Address**

DESCRIPTION: Address where family receives mail

TYPE: Alphanumeric

SIZE: 40

COMMENTS: Populate if different from Unit Address

EDITS: none

FIELD NUMBER: 34

POSITION: 203-242

LINE REFERENCE NO: 5b.

---

**NAME: Family Mailing Apartment Number**

DESCRIPTION: Apartment number of mailing address for the family

TYPE: Alphanumeric

SIZE: 10

COMMENTS: None

EDITS: None

FIELD NUMBER: 35

POSITION: 243-252

LINE REFERENCE NO: 5b.

---

---

<b>NAME:</b>	<b>Family Mailing City</b>
DESCRIPTION:	City of mailing address for the family
TYPE:	Alphanumeric
SIZE:	25
COMMENTS:	None
EDITS:	none
FIELD NUMBER:	36
POSITION:	253-277
LINE REFERENCE NO:	5b.

---

---

<b>NAME:</b>	<b>Family Mailing State</b>
DESCRIPTION:	State code of mailing address for the family
TYPE:	Alpha
SIZE:	2
COMMENTS:	None
EDITS:	Warning: If valued, must be a valid state code
FIELD NUMBER:	37
POSITION:	278-279
LINE REFERENCE NO:	5b.

---

---

<b>NAME:</b>	<b>Family Mailing Zip Code</b>
DESCRIPTION:	Zip Code of mailing address for the family
TYPE:	Numeric
SIZE:	5
COMMENTS:	None
EDITS:	Warning: If valued, must be 5 digit numeric
FIELD NUMBER:	38
POSITION:	280-284
LINE REFERENCE NO:	5b.

---

---

<b>NAME:</b>	<b>Family Mailing Zip Code +4</b>
DESCRIPTION:	Zip +4 of the mailing address for the family
TYPE:	Numeric
SIZE:	4
COMMENTS:	None
EDITS:	Warning: If valued, must be 4 digit numeric
FIELD NUMBER:	39
POSITION:	285-288
LINE REFERENCE NO:	5b.

---

---

<b>NAME:</b>	<b>Number of Bedrooms in Unit</b>
DESCRIPTION:	The number of bedrooms in the unit
TYPE:	Numeric
SIZE:	1
COMMENTS:	If unit is an efficiency or Single Room Occupancy (SRO), enter 0
EDITS:	Fatal: • Cannot be blank unless 2a equals '5', '6', or '8'
	Fatal: • Range: 0-9
FIELD NUMBER:	40
POSITION:	289
LINE REFERENCE NO:	5c.

---

---

<b>NAME:</b>	<b>HA Identified Accessible Unit Indicator</b>
DESCRIPTION:	Indicator of whether the HA has identified this unit as accessible
TYPE:	Alpha
SIZE:	1
COMMENTS:	For Public and Indian Housing only
EDITS:	Fatal: • Must be valued if 1d equals 'P' or 'B' unless 2a equals '5', '6', or '8'
	Fatal: • If valued, must be 'Y' or 'N'
FIELD NUMBER:	41
POSITION:	290
LINE REFERENCE NO:	5d.

---

**NAME:** **Family Requested Accessibility Features Indicator**

**DESCRIPTION:** Indicator of whether the family requested accessibility features

**TYPE:** Alpha

**SIZE:** 1

**COMMENTS:** For Public and Indian Housing only

**EDITS:** Fatal: • Must be valued if 1d equals 'P' or 'B' unless 2a equals '5', '6', or '8'

Fatal: • If valued, must be 'Y' or 'N'

**FIELD NUMBER:** 42

**POSITION:** 291

**LINE REFERENCE NO:** 5e.

---

**NAME:** **Has the Family Received Requested Accessibility Features: Fully**

**DESCRIPTION:** Indicator if the family has fully received the requested accessibility features

**TYPE:** Numeric

**SIZE:** 1

**COMMENTS:** Transmit '1' if yes, transmit '0' if no; for Public and Indian Housing only

**EDITS:** Fatal: • Must be valued if 1d equals 'P' or 'B' unless 2a equals '5', '6', or '8'

Fatal: • Must be valued if 5e equals 'Y'

Fatal: • If valued, must be '1' or '0'

Fatal: • May not be '1' if 5f(b), 5f(c), or 5f(d) are valued '1'

**FIELD NUMBER:** 43

**POSITION:** 292

**LINE REFERENCE NO:** 5f (a).

---

**NAME:** **Has the Family Received Requested Accessibility Features: Partially**

**DESCRIPTION:** Indicator if the family has partially received the requested accessibility features

**TYPE:** Numeric

**SIZE:** 1

**COMMENTS:** Transmit '1' if yes, transmit '0' if no; for Public and Indian Housing only

**EDITS:**

- Fatal: • Must be valued if 1d equals 'P' or 'B' unless 2a equals '5', '6', or '8'
- Fatal: • Must be valued if 5e equals 'Y'
- Fatal: • If valued, must be '1' or '0'
- Fatal: • May not be '1' if 5f(a) or 5f(c) are '1'

**FIELD NUMBER:** 44

**POSITION:** 293

**LINE REFERENCE NO:** 5f (b).

---

**NAME:** **Has the Family Received Requested Accessibility Features: No**

**DESCRIPTION:** Indicator if the family has not received the requested accessibility features

**TYPE:** Numeric

**SIZE:** 1

**COMMENTS:** Transmit '1' if yes, transmit '0' if no; for Public and Indian Housing only

**EDITS:**

- Fatal: • Must be valued if 1d equals 'P' or 'B' unless 2a equals '5', '6', or '8'
- Fatal: • Must be valued if 5e equals 'Y'
- Fatal: • If valued, must be '1' or '0'
- Fatal: • May not be '1' if 5f(a) or 5f(b) are valued '1'

**FIELD NUMBER:** 45

**POSITION:** 294

**LINE REFERENCE NO:** 5f (c).

---

NAME:	Has the Family Received Requested Accessibility Features: Action Pending		
DESCRIPTION:	Indicator if action is pending to provide the family with the requested accessibility features		
TYPE:	Numeric		
SIZE:	1		
COMMENTS:	<ul style="list-style-type: none"><li>• Transmit '1' if yes, transmit '0' if no; for Public and Indian Housing only</li><li>• Can be in combination with 5f (b) or 5f (c)</li></ul>		
EDITS:	Fatal:	<ul style="list-style-type: none"><li>• Must be valued if 1d equals 'P' or 'B' unless 2a equals '5', '6', or '8'</li></ul>	
	Fatal:	<ul style="list-style-type: none"><li>• If valued, must be '1' or '0'</li></ul>	
	Fatal:	<ul style="list-style-type: none"><li>• May only be valued '1' if 5f(b) or 5f (c) is valued '1'</li></ul>	
	Fatal:	<ul style="list-style-type: none"><li>• Must be valued if 5e equals 'Y'</li></ul>	
FIELD NUMBER:	46		
POSITION:	295		
LINE REFERENCE NO:	5f (d).		

NAME:	Total Cash Value of Assets		
DESCRIPTION:	The total of the individual cash value of the assets listed		
TYPE:	Numeric		
SIZE:	6		
COMMENTS:	Should be whole dollar amounts (no decimals)		
EDITS:	Warning:	Put zero if 2a equals ‘5’, ‘6’, or ‘8’	
FIELD NUMBER:	47		
POSITION:	296-301		
LINE REFERENCE NO:	6f.		

**NAME:** **Total Anticipated Income**  
**DESCRIPTION:** The total of anticipated income from assets  
**TYPE:** Numeric  
**SIZE:** 6  
**COMMENTS:** Should be whole dollar amounts (**no decimals**)  
**EDITS:** Warning: Put zero if 2a equals '5', '6', or '8'  
**FIELD NUMBER:** 48  
**POSITION:** 302-307  
**LINE REFERENCE NO:** 6g.

---

**NAME:** **Passbook Rate**  
**DESCRIPTION:** Rate of interest for the project locality based on the average interest rate for a Passbook Savings Account in the area.  
**TYPE:** Numeric  
**SIZE:** 4  
**COMMENTS:** Use an integer; ex. 2.5% would be represented as '0250' (format 99V99 where V is assumed decimal)  
**EDITS:** Warning: 

- If valued, must be 4 digits

Warning: 

- Put zero if 2a equals '5', '6', or '8'

**FIELD NUMBER:** 49  
**POSITION:** 308-311  
**LINE REFERENCE NO:** 6h.

---



<b>NAME:</b>	<b>Imputed Asset Income</b>	
DESCRIPTION:	Product of the Total Cash Value and the Passbook Rate	
TYPE:	Numeric	
SIZE:	6	
COMMENTS:	Should be whole dollar amounts (no decimals)	
EDITS:	Warning:	<ul style="list-style-type: none"> <li>• If valued and if Total Cash Value of Assets (6f) is \$5,000 or less, put zero</li> </ul>
	Warning:	<ul style="list-style-type: none"> <li>• If valued and if 6f is greater than \$5,000, must be the product of lines 6f and 6h</li> </ul>
	Warning:	<ul style="list-style-type: none"> <li>• Put zero if 2a equals '5', '6', or '8'</li> </ul>
FIELD NUMBER:	50	
POSITION:	312-317	
LINE REFERENCE NO:	6i.	

---

<b>NAME:</b>	<b>Final Asset Income</b>	
DESCRIPTION:	The final figure in calculating asset income	
TYPE:	Numeric	
SIZE:	6	
COMMENTS:	Should be whole dollar amounts (no decimals)	
EDITS:	Warning:	<ul style="list-style-type: none"> <li>• Must be the larger of 6g or 6i</li> </ul>
	Warning:	<ul style="list-style-type: none"> <li>• Put zero if 2a equals '5', '6', or '8'</li> </ul>
FIELD NUMBER:	51	
POSITION:	318-323	
LINE REFERENCE NO:	6j.	

---

<b>NAME:</b>	<b>Reserved</b>	
DESCRIPTION:	Reserved for future use if instructed by HUD	
TYPE:	Numeric	
SIZE:	5	
COMMENTS:	Submit blanks unless instructed by HUD	
EDITS:	Warning:	Must be blank
FIELD NUMBER:	52	
POSITION:	324-328	
LINE REFERENCE NO:	7k.	

---



---

<b>NAME:</b>	<b>Total Annual Income</b>
DESCRIPTION:	The total annual income for all family members
TYPE:	Numeric
SIZE:	6
COMMENTS:	Should be whole dollar amounts (no decimals)
EDITS:	Fatal: • Cannot be blank
	Warning: • Range: 0 - 90000
	Fatal: • Must equal sum of lines 6j and ((sum of 7d) minus (sum of 7e))
	Warning: • Put zero if 2a equals '5', '6', or '8'
FIELD NUMBER:	53
POSITION:	329-334
LINE REFERENCE NO:	7m.

---

---

<b>NAME:</b>	<b>Reserved (Medical Percent)</b>
DESCRIPTION:	The percent of total annual income used for the medical threshold. May be changed by HUD from the default at a later date.
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use the default of 3%, represented by '0300' (format 99V99)
EDITS:	Fatal: • Must be '0300' unless 2a equals '5', '6', or '8'. If 2a equals '5', '6', or '8', put zero
FIELD NUMBER:	54
POSITION:	335-338
LINE REFERENCE NO:	8b.

---

---

<b>NAME:</b>	<b>Medical/Disability Threshold</b>
DESCRIPTION:	The product of the medical percent and the total annual income
TYPE:	Numeric
SIZE:	5
COMMENTS:	Should be a whole number
EDITS:	Fatal: • Must be the product of lines 7m and 8b divided by 10,000
	Warning: • Put zero if 2a equals '5', '6', or '8'
FIELD NUMBER:	55
POSITION:	339-343
LINE REFERENCE NO:	8c.

---

---

<b>NAME:</b>	<b>Total Unreimbursed Disability Assistance Expense</b>
DESCRIPTION:	A family's out of pocket disability expenses not reimbursed by an outside source
TYPE:	Numeric
SIZE:	5
COMMENTS:	Should be whole dollar amounts (no decimals)
EDITS:	Fatal: • Must be zero if no family members have a disability (3j equals 'N' for all family members)
	Warning: • Put zero if 2a equals '5', '6', or '8'
FIELD NUMBER:	56
POSITION:	344-348
LINE REFERENCE NO:	8d.

---

<b>NAME:</b>	<b>Earnings in 7d. Made Possible by Disability Assistance Expense</b>
DESCRIPTION:	Of a family's dollars per year, the amount attributed to the out-of-pocket disability expenses incurred by the family
TYPE:	Numeric
SIZE:	5
COMMENTS:	Should be whole dollar amounts (no decimals)
EDITS:	<div>Fatal: <ul style="list-style-type: none"><li>Amount cannot exceed the total income after earned income exclusion (sum of 7d minus sum of 7e)</li></ul></div> <div>Warning: <ul style="list-style-type: none"><li>Put zero if 2a equals '5', '6', or '8'</li></ul></div>
FIELD NUMBER:	57
POSITION:	349-353
LINE REFERENCE NO:	8e.

---

<b>NAME:</b>	<b>Allowable Disability Assistance Expense</b>
DESCRIPTION:	Lesser of 8d or 8e - the amount of disability assistance the family is allowed to claim
TYPE:	Numeric
SIZE:	5
COMMENTS:	Should be whole dollar amounts (no decimals)
EDITS:	<div>Fatal: <ul style="list-style-type: none"><li>If 8d minus 8c results in a negative number and Head, spouse, or co-head (3h = 'H', 'S', or 'K') are 62 or over (2b minus 3e gives an age greater than or equal to 62) or are disabled (3j = 'Y'), must equal 8d(1). Otherwise must be lesser of 8d(1) or 8e</li></ul></div> <div>Warning: <ul style="list-style-type: none"><li>Put zero if 2a equals '5', '6', or '8'</li></ul></div>
FIELD NUMBER:	58
POSITION:	354-358
LINE REFERENCE NO:	8f.

---

**NAME:** **Total Out of Pocket Medical Expense**

**DESCRIPTION:** Total amount of medical expense that is not reimbursable

**TYPE:** Numeric

**SIZE:** 6

**COMMENTS:** Should be whole dollar amounts (no decimals)

**EDITS:** Fatal: • Must be zero if Head and spouse or co-head (3h = 'H' and 'S', or 3h = 'H' and 'K') are under 62 (2b minus 3e gives an age less than 62) and are not disabled (3j = 'N'); if no spouse or co-head exists, edit applies to 'H' only

Warning: • Put zero if 2a equals '5', '6', or '8'

**FIELD NUMBER:** 59

**POSITION:** 359-364

**LINE REFERENCE NO:** 8g.

---

**NAME:** **Total Disability Assistance and Medical Expenses**

**DESCRIPTION:** The sum of the family's allowable disability assistance and total out of pocket medical expenses

**TYPE:** Numeric

**SIZE:** 5

**COMMENTS:** Should be whole dollar amounts (no decimals)

**EDITS:** Fatal: • Must equal the sum of the allowable disability assistance (8f) and the total out of pocket medical expense (8g)

Fatal: • Must equal 8g if no family members (3h= 'H', 'S', 'K', 'Y', 'E', 'A') are disabled (3j='N')

Warning: • Put zero if 2a equals '5', '6', or '8'

**FIELD NUMBER:** 60

**POSITION:** 365-369

**LINE REFERENCE NO:** 8h.

---

NAME:	Medical/Disability Assistance Allowance		
DESCRIPTION:	The family's allowance for medical expenses and disability assistance expenses		
TYPE:	Numeric		
SIZE:	5		
COMMENTS:	Should be whole dollar amounts (no decimals)		
EDITS:	Fatal:	<ul style="list-style-type: none"><li>• Must equal 8h minus 8c if 8d is less than 8c. If calculation results in a negative number, must equal zero.</li></ul>	
	Fatal:	<ul style="list-style-type: none"><li>• Must equal 8h if 8d is greater than or equal to 8c and at least one family member (3h= 'H', 'S', 'K', 'Y', 'E', 'A') is disabled (3j='Y').</li></ul>	
	Warning:	<ul style="list-style-type: none"><li>• Put zero if 2a equals '5', '6', or '8'</li></ul>	
FIELD NUMBER:	61		
POSITION:	370-374		
LINE REFERENCE NO:	8i.		

NAME:	Elderly/Disability Allowance		
DESCRIPTION:	The allowance for elderly/disabled		
TYPE:	Numeric		
SIZE:	4		
COMMENTS:	Currently 400		
EDITS:	Fatal:	<ul style="list-style-type: none"><li>• Must be valued if 'H' or 'S' or 'K' is 62 or older on effective date of action (2b minus 3e is greater than or equal to 62), or if 'H' or 'S' or 'K' is disabled (3j = 'Y')</li></ul>	
	Fatal:	<ul style="list-style-type: none"><li>• If valued, must equal '400' unless 2a equals '5', '6', or '8'. If 2a equals '5', '6', or '8', put zero.</li></ul>	
FIELD NUMBER:	62		
POSITION:	375-378		
LINE REFERENCE NO:	8j.		

**NAME: Number of Dependents**

DESCRIPTION: Total number of people under 18, or with a disability, or full-time students

TYPE: Numeric

SIZE: 2

COMMENTS: Members who meet more than one criterion cannot be counted twice; Do not include head, spouse, co-head, foster children/foster adults, or live-in aids

EDITS: Fatal: Must be the sum of 3h = 'Y', 'E', and 'A' where 3j is 'Y' unless 2a equals '5', '6', or '8'. Then, put zero.

FIELD NUMBER: 63

POSITION: 379-380

LINE REFERENCE NO: 8k.

---

**NAME: Allowance per Dependent**

DESCRIPTION: Standard allowance per each dependent

TYPE: Numeric

SIZE: 3

COMMENTS: Set to 480

EDITS: Fatal: Must equal 480 unless 2a equals '5', '6', or '8'. Then, put zero.

FIELD NUMBER: 64

POSITION: 381-383

LINE REFERENCE NO: 8m.

---

**NAME: Dependent Allowance**

DESCRIPTION: Total allowance for all dependents

TYPE: Numeric

SIZE: 5

COMMENTS: Product of Number of Dependents and Allowance per Dependent

EDITS: Fatal: **Must equal the product of lines 8k and 8m unless 2a equals '5', '6', or '8'. Then, put zero.**

FIELD NUMBER: 65

POSITION: 384-388

LINE REFERENCE NO: 8n.

---



**NAME: Yearly Child Care Cost that is Not Reimbursed****DESCRIPTION:** Amount of yearly child care cost that is not reimbursed**TYPE:** Numeric**SIZE:** 5**COMMENTS:** Use whole numbers**EDITS:** none**FIELD NUMBER:** 66**POSITION:** 389-393**LINE REFERENCE NO:** 8p.**NAME: Travel Cost to Work/School****DESCRIPTION:** The cost of travel to work or school**TYPE:** Numeric**SIZE:** 4**COMMENTS:** Use whole numbers; for Indian Housing only**EDITS:** Warning: 

- Must be zero if 1d does not equal 'B'. If 1d equals 'B' and 2a equals '5', '6', or '8', put zero.

**FIELD NUMBER:** 67**POSITION:** 394-397**LINE REFERENCE NO:** 8q.**NAME: Reserved****DESCRIPTION:** Reserved for future use if instructed by HUD**TYPE:** Numeric**SIZE:** 4**COMMENTS:** Submit blanks unless instructed by HUD**EDITS:** Warning: 

- Must be blank

**FIELD NUMBER:** 68**POSITION:** 398-401**LINE REFERENCE NO:** 8r.

<b>NAME:</b>	<b>Maximum Disability Allowance</b>
DESCRIPTION:	Amount the HA can potentially deduct for the family's disability allowance.
TYPE:	Numeric
SIZE:	5
COMMENTS:	Should be whole dollar amounts (no decimals)
EDITS:	<p>Fatal: • Must equal 8d minus 8c if 8d is greater than or equal to 8c</p> <p>Fatal: • Must equal zero if 8d minus 8c results in a negative number and Head and spouse or co-head (3h='H' and 'S', or 3h = 'H' and 'K') are under 62 (2b minus 3e gives an age less than 62) and are not disabled (3j='N'); if no spouse or co-head exists, edit applies to head only</p> <p>Fatal: • Must equal 8d if 8d minus 8c results in a negative number and Head, spouse, or co-head (3h= 'H', 'S', or 'K') are 62 or over (2b minus 3e gives an age greater than or equal to 62) or are disabled (3j = 'Y')</p> <p>Warning: • Put zero if 2a equals '5', '6', or '8'</p>
FIELD NUMBER:	69
POSITION:	402-406
LINE REFERENCE NO:	8d(1).

---

<b>NAME:</b>	<b>Reserved</b>
DESCRIPTION:	Reserved for future use if instructed by HUD
TYPE:	Numeric
SIZE:	5
COMMENTS:	Submit blanks unless instructed by HUD
EDITS:	<p>Warning: • Must be blank</p>
FIELD NUMBER:	70
POSITION:	407-411
LINE REFERENCE NO:	8t.

---

<b>NAME:</b>	<b>Total Allowances</b>
DESCRIPTION:	Total amount of family's allowances
TYPE:	Numeric
SIZE:	6
COMMENTS:	Sum of all allowances
EDITS:	Fatal: • Must equal the sum of 8i, 8j, 8n, 8p, 8q, and (sum of 7g) unless 2a equals '5', '6', or '8'. Then, put zero.
FIELD NUMBER:	71
POSITION:	412-417
LINE REFERENCE NO:	8u.

---

**NAME:** **Adjusted Annual Income**  
**DESCRIPTION:** Annual income after allowances are deducted  
**TYPE:** Numeric  
**SIZE:** 6  
**COMMENTS:** Annual income less total allowances  
**EDITS:** Fatal: • Cannot be blank  
Fatal: • Must equal 7m minus 8u when 7m is greater than 8u  
Fatal: • Must equal zero when 8u is greater than or equal to 7m  
Warning: • Put zero if 2a equals '5', '6', or '8'  
**FIELD NUMBER:** 72  
**POSITION:** 418-423  
**LINE REFERENCE NO:** 8v.

---

**NAME:** **Total Monthly Income**  
**DESCRIPTION:** The total income on a monthly basis  
**TYPE:** Numeric  
**SIZE:** 6  
**COMMENTS:** Annual income divided by 12; use whole numbers (no decimals)  
**EDITS:** Fatal: • Cannot be blank  
Fatal: • Must equal 7m divided by 12  
Fatal: • Put zero if 2a equals '5', '6', or '8'  
**FIELD NUMBER:** 73  
**POSITION:** 424-429  
**LINE REFERENCE NO:** 9a.

---

**NAME:** **Reserved (Percent of Monthly Income)**  
**DESCRIPTION:** The percentage used to calculate TTP based on annual income  
**TYPE:** Numeric  
**SIZE:** 4  
**COMMENTS:** Set to '1000'  
**EDITS:** Fatal: Must equal '1000' unless 2a equals '5', '6', or '8'. Then, put zero  
**FIELD NUMBER:** 74  
**POSITION:** 430-433  
**LINE REFERENCE NO:** 9b.

---

**NAME:** **TTP If Based on Annual Income**  
**DESCRIPTION:** Total Tenant Payment if based on the annual income  
**TYPE:** Numeric  
**SIZE:** 6  
**COMMENTS:** The product of the total monthly income and the percent of monthly income; use whole numbers  
**EDITS:** Fatal: 

- Cannot be blank

Fatal: 

- Must be the product of lines 9a and 9b divided by 10,000 unless 2a equals '5', '6', or '8'. Then, put zero

**FIELD NUMBER:** 75  
**POSITION:** 434-439  
**LINE REFERENCE NO:** 9c.

---

**NAME:** **Adjusted Monthly Income**  
**DESCRIPTION:** The adjusted income on a monthly basis  
**TYPE:** Numeric  
**SIZE:** 6  
**COMMENTS:** Use whole numbers; Adjusted annual income divided by 12  
**EDITS:** Fatal: 

- Cannot be blank

Fatal: 

- Must equal 8v divided by 12 unless 2a equals '5', '6', or '8'. Then, put zero

**FIELD NUMBER:** 76  
**POSITION:** 440-445  
**LINE REFERENCE NO:** 9d.

---

---

<b>NAME:</b>	<b>Reserved (Percent of Monthly Adjusted Income)</b>
DESCRIPTION:	Percent used to calculate adjusted annual income
TYPE:	Numeric
SIZE:	4
COMMENTS:	Use integers, default to '3000'
EDITS:	Fatal: Must equal '3000' unless 2a equals '5', '6', or '8'. Then, put zero
FIELD NUMBER:	77
POSITION:	446-449
LINE REFERENCE NO:	9e.

---

---

<b>NAME:</b>	<b>TTP If Based on Adjusted Annual Income</b>
DESCRIPTION:	Total tenant payment if based on the amount of adjusted annual income
TYPE:	Numeric
SIZE:	5
COMMENTS:	The product of adjusted monthly income and the percent of adjusted monthly income; use whole numbers
EDITS:	Fatal: <ul style="list-style-type: none"><li>• Cannot be blank</li><li>• Must be the product of lines 9d and 9e divided by 10,000 unless 2a equals '5', '6', or '8'. Then, put zero</li></ul>
FIELD NUMBER:	78
POSITION:	450-454
LINE REFERENCE NO:	9f.

---

---

<b>NAME:</b>	<b>Welfare Rent Per Month</b>
DESCRIPTION:	Amount of welfare rent per month
TYPE:	Numeric
SIZE:	5
COMMENTS:	If none, put 0
EDITS:	Fatal: <ul style="list-style-type: none"><li>• Must be zero when 7b is not valued 'T' or 'G'.</li></ul> Warning: <ul style="list-style-type: none"><li>• Put zero if 2a equals '5', '6', or '8'</li></ul>
FIELD NUMBER:	79
POSITION:	455-459
LINE REFERENCE NO:	9g.

---

<b>NAME:</b>	<b>Minimum TTP</b>
DESCRIPTION:	Minimum total tenant payment
TYPE:	Numeric
SIZE:	3
COMMENTS:	If waived, put 0
EDITS:	Fatal: • Cannot be blank
	Fatal: • Range: 0-50 if 2f is blank
	Warning: • Put zero if 2a is '5', '6, or '8'
FIELD NUMBER:	80
POSITION:	460-462
LINE REFERENCE NO:	9h.

---

<b>NAME:</b>	<b>Reserved</b>
DESCRIPTION:	Reserved for future use if instructed by HUD
TYPE:	Numeric
SIZE:	5
COMMENTS:	Submit blanks unless instructed by HUD
EDITS:	Warning: Must be blank
FIELD NUMBER:	81
POSITION:	463-467
LINE REFERENCE NO:	9i.

---

<b>NAME:</b>	<b>TTP</b>						
DESCRIPTION:	Amount of total tenant payment						
TYPE:	Numeric						
SIZE:	5						
COMMENTS:	Use whole numbers						
EDITS:	<table border="0"> <tr> <td>Fatal:</td> <td>• Cannot be blank</td> </tr> <tr> <td>Fatal:</td> <td>• Must be highest of lines 9c, 9f, 9g, or 9h. If OFTO for Certs equals 'Y' and 2b is before 10/01/1999, then must be the highest of 9c, 9f, or 9g. If 2a equals '5', '6', or '8', may be zero.</td> </tr> <tr> <td>Warning:</td> <td>• Range: 0-2250</td> </tr> </table>	Fatal:	• Cannot be blank	Fatal:	• Must be highest of lines 9c, 9f, 9g, or 9h. If OFTO for Certs equals 'Y' and 2b is before 10/01/1999, then must be the highest of 9c, 9f, or 9g. If 2a equals '5', '6', or '8', may be zero.	Warning:	• Range: 0-2250
Fatal:	• Cannot be blank						
Fatal:	• Must be highest of lines 9c, 9f, 9g, or 9h. If OFTO for Certs equals 'Y' and 2b is before 10/01/1999, then must be the highest of 9c, 9f, or 9g. If 2a equals '5', '6', or '8', may be zero.						
Warning:	• Range: 0-2250						
FIELD NUMBER:	82						
POSITION:	468-472						
LINE REFERENCE NO:	9j.						

---

<b>NAME:</b>	<b>Most Recent TTP</b>				
DESCRIPTION:	The TTP from the most recent calculation prior to this rent calculation				
TYPE:	Numeric				
SIZE:	5				
COMMENTS:	Use whole numbers. Not applicable to New Admissions				
EDITS:	<table border="0"> <tr> <td>Warning:</td> <td>• Must be numeric</td> </tr> <tr> <td>Warning:</td> <td>• Must equal zero if 2a equal '1', '5', '6', or '8'</td> </tr> </table>	Warning:	• Must be numeric	Warning:	• Must equal zero if 2a equal '1', '5', '6', or '8'
Warning:	• Must be numeric				
Warning:	• Must equal zero if 2a equal '1', '5', '6', or '8'				
FIELD NUMBER:	83				
POSITION:	473-477				
LINE REFERENCE NO:	9k.				

---





**50058 Family Record**

<b>NAME:</b>	<b>Section Indicator</b>
DESCRIPTION:	The field indicates this is the beginning of a new section
TYPE:	Numeric
SIZE:	1
COMMENTS:	Use '2' for the section indicator for the family record format
EDITS:	Fatal: Must equal '2'
FIELD NUMBER:	1
POSITION:	1
LINE REFERENCE NO:	n/a

---

<b>NAME:</b>	<b>Record Number</b>
DESCRIPTION:	A sequential number that indicates the record number of the transmission
TYPE:	Numeric
SIZE:	5
COMMENTS:	The number is incremented by 1 for each subsequent record in the transmission.
EDITS:	None
FIELD NUMBER:	2
POSITION:	2-6
LINE REFERENCE NO:	n/a

---

<b>NAME:</b>	<b>Member Number</b>
DESCRIPTION:	The numeric value assigned to the member of the household
TYPE:	Numeric
SIZE:	2
COMMENTS:	Use '01' for the Head of Household; order sequentially
EDITS:	Fatal: <ul style="list-style-type: none"><li>• Cannot be blank</li></ul>
	Fatal: <ul style="list-style-type: none"><li>• Highest member number must be equal to the total number in the household (3r)</li></ul>
	Fatal: <ul style="list-style-type: none"><li>• Head of Household must be '01'</li></ul>
FIELD NUMBER:	3
POSITION:	7-8
LINE REFERENCE NO:	3a.

---

<b>NAME:</b>	<b>Member Last Name</b>
DESCRIPTION:	Last name of the member of the household
TYPE:	Alpha
SIZE:	20
COMMENTS:	Separate name suffixes with commas (ex.: Smith, Jr.)
EDITS:	Fatal: Cannot be blank
FIELD NUMBER:	4
POSITION:	9-28
LINE REFERENCE NO:	3b.

---

<b>NAME:</b>	<b>Member First Name</b>
DESCRIPTION:	First name of the member of the household
TYPE:	Alpha
SIZE:	20
COMMENTS:	Do not include name prefixes such as Mr. or Ms.
EDITS:	Fatal: Cannot be blank
FIELD NUMBER:	5
POSITION:	29-48
LINE REFERENCE NO:	3c.

---

**NAME: Member Middle Initial**

DESCRIPTION: Middle initial of the member of the household  
TYPE: Alpha  
SIZE: 1  
COMMENTS: Optional information  
EDITS: None  
FIELD NUMBER: 6  
POSITION: 49  
LINE REFERENCE NO: 3d.

---

**NAME: Member Birth Date**

DESCRIPTION: Birth date of the member of the household  
TYPE: Date  
SIZE: 8  
COMMENTS: MMDDCCYY format  
EDITS: Fatal: • Cannot be blank if person is a family member (3h= H, S, Y, E, A, K)  
Fatal: • If valued, must be less than the Date Last Modified  
Fatal: • Must be MMDDCCYY format  
FIELD NUMBER: 7  
POSITION: 50-57  
LINE REFERENCE NO: 3e.

---

**NAME: Member Sex Code**

DESCRIPTION: Gender of the member of the household  
TYPE: Alpha  
SIZE: 1  
COMMENTS: Use 'M' for Male and 'F' for Female  
EDITS: Fatal: Must be valued 'M' or 'F'  
FIELD NUMBER: 8  
POSITION: 58  
LINE REFERENCE NO: 3g.

---

<b>NAME:</b>	<b>Member Relation Code</b>
DESCRIPTION:	Describes the member's category in the household
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'H' for Head, 'S' for spouse, 'K' for co-head, 'F' for foster child/foster adult, 'Y' for other youth under 18, 'E' for full-time student 18+, 'L' for live-in aid, and 'A' for other adult
EDITS:	Fatal: • Cannot be blank Fatal: • Must be valued 'H', 'S', 'F', 'Y', 'E', 'L', 'K' or 'A' ('S' and 'K' are mutually exclusive) Fatal: Warning: • Must be valued 'H' when member number (3a) = 01 Warning: • If valued 'Y', then 2b minus 3e must be less than 18 • If valued 'A' or 'E', then 2b minus 3e must be equal to or greater than 18
FIELD NUMBER:	9
POSITION:	59
LINE REFERENCE NO:	3h.

---

<b>NAME:</b>	<b>Member Citizenship Code</b>
DESCRIPTION:	Code indicating the member's citizenship status
TYPE:	Alpha
SIZE:	2
COMMENTS:	Use 'EC' for eligible citizen, 'EN' for eligible noncitizen, 'IN' for ineligible noncitizen, and 'PV' for pending verification
EDITS:	Fatal: • Must be valued 'EC', 'EN', 'IN', 'PV', or 'XX' unless 3h equals 'F' or 'L' Warning: • Can no longer equal 'XX' beginning October 1, 1999
FIELD NUMBER:	10
POSITION:	60-61
LINE REFERENCE NO:	3i.

---

**NAME: Member Disability Indicator**

DESCRIPTION: Indicates if the member of the household has a disability

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no

EDITS: Fatal: If valued, must be 'Y' or 'N'

FIELD NUMBER: 11

POSITION: 62

LINE REFERENCE NO: 3j.

---

**NAME: Member Race Code**

DESCRIPTION: Indicates the race of the member of the household

TYPE: Numeric

SIZE: 1

COMMENTS: Use '1' for White, '2' for Black, '3' for American Indian/Alaska Native, '4' for Asian/Pacific Islander

EDITS: Fatal: • Cannot be blank if person is Head of Household (3h = 'H')

Fatal: • If valued, must equal '1', '2', '3', or '4'

FIELD NUMBER: 12

POSITION: 63

LINE REFERENCE NO: 3k.

---

**NAME: Member Ethnicity Code**

DESCRIPTION: Indicates the ethnicity of the member of the household

TYPE: Numeric

SIZE: 1

COMMENTS: Use '1' for Hispanic and '2' for Not Hispanic

EDITS: Fatal: • Cannot be blank if person is Head of Household (3h = 'H')

Fatal: • If valued, must equal '1' or '2'

FIELD NUMBER: 13

POSITION: 64

LINE REFERENCE NO: 3m.

---

<b>NAME:</b>	<b>Member SSN</b>
DESCRIPTION:	Social Security Number of the member of the household
TYPE:	Numeric
SIZE:	9
COMMENTS:	If member of the household does not have an SSN, use '999999999'
EDITS:	Fatal: <ul style="list-style-type: none"><li>• Cannot be blank if person is a family member (3h = 'H', 'S', 'Y', 'E', 'K' or 'A')</li></ul>
	Fatal: <ul style="list-style-type: none"><li>• If valued, must be nine digits</li></ul>
FIELD NUMBER:	14
POSITION:	65-73
LINE REFERENCE NO:	3n.

---

**50058 Income Record Format****NAME: Section Indicator**

DESCRIPTION: The field indicates this is the beginning of a new section

TYPE: Numeric

SIZE: 1

COMMENTS: Use '3' for the section indicator for the income record

EDITS: Fatal: Must equal '3'

FIELD NUMBER: 1

POSITION: 1

LINE REFERENCE NO: n/a

---

**NAME: Record Number**

DESCRIPTION: A sequential number that indicates the record number of the transmission

TYPE: Numeric

SIZE: 5

COMMENTS: The number is incremented by 1 for each subsequent record in the transmission.

EDITS: None

FIELD NUMBER: 2

POSITION: 2-6

LINE REFERENCE NO: n/a

---



<b>NAME:</b>	<b>Member Number</b>
DESCRIPTION:	The numeric value assigned to the member of the household who contributed the income
TYPE:	Numeric
SIZE:	2
COMMENTS:	Use the same member number that was used in 3a
EDITS:	Fatal: • Cannot be blank if 7b (income source) is populated Fatal: • Number must exist in 3a (member number)
FIELD NUMBER:	3
POSITION:	7-8
LINE REFERENCE NO:	7a.

---

<b>NAME:</b>	<b>Income Code</b>
DESCRIPTION:	The code to indicate the source of the income for the member of the family
TYPE:	Alpha
SIZE:	2
COMMENTS:	Use 'P' for pension, 'S' for SSI, 'G' for general assistance, 'I' for Indian trust/per capita, 'B' for own business, 'F' for Federal wage, 'W' for other wage, 'N' for other nonwage sources, 'SS' for Social Security, 'T' for TANF, 'C' for child support, 'M' for military pay, 'HA' for HA wage, and 'U' for unemployment benefits
EDITS:	Fatal: • If valued, must be 'P', 'S', 'G', 'I', 'B', 'F', 'W', 'N', 'SS', 'T', 'C', 'M', 'HA', or 'U' Fatal: • Cannot be blank if 7d is valued
FIELD NUMBER:	4
POSITION:	9-10
LINE REFERENCE NO:	7b.

---

**NAME: Reserved (Calculation)**

DESCRIPTION: Reserved for future use if instructed by HUD

TYPE: Numeric

SIZE: 5

COMMENTS: Submit blanks unless instructed by HUD

EDITS: Warning: Must be blank

FIELD NUMBER: 5

POSITION: 11-15

LINE REFERENCE NO: n/a

---

**NAME: Dollars Per Year**

DESCRIPTION: Identifies the dollars per year for the income source listed in 7b.

TYPE: Numeric

SIZE: 6

COMMENTS: Use whole numbers

EDITS: Fatal: • Cannot be blank if 7b is valued  
Fatal: • Range: 0-90000

FIELD NUMBER: 6

POSITION: 16-21

LINE REFERENCE NO: 7d.

---

**NAME: Adult Earned Income Excluded**

DESCRIPTION: Amount of adult earned income excluded

TYPE: Numeric

SIZE: 6

COMMENTS: Use whole numbers

EDITS: Fatal: • Cannot be greater than 7d  
Fatal: • If valued, 1d must equal 'P' or 'B'  
Fatal: • Range: 0-90000

FIELD NUMBER: 7

POSITION: 22-27

LINE REFERENCE NO: 7e.

---

<b>NAME:</b>	<b>Earnings Deductions</b>
DESCRIPTION:	The earnings deductions per family member
TYPE:	Numeric
SIZE:	6
COMMENTS:	Use whole numbers
EDITS:	Fatal: • Cannot be greater than 7d
	Fatal: • If valued, 1d must equal 'P' or 'B'
	Fatal: • Range: 0-90000
FIELD NUMBER:	8
POSITION:	28-33
LINE REFERENCE NO:	7g.

---

## 50058 Public Housing Record Format

<b>NAME:</b>	<b>Section Indicator</b>
DESCRIPTION:	The field indicates this is the beginning of a new section
TYPE:	Numeric
SIZE:	1
COMMENTS:	Use '4' for the section indicator for the Public Housing record
EDITS:	Fatal: Must equal '4'
FIELD NUMBER:	1
POSITION:	1
LINE REFERENCE NO:	n/a

---

<b>NAME:</b>	<b>Record Number</b>
DESCRIPTION:	A sequential number that indicates the record number of the transmission
TYPE:	Numeric
SIZE:	5
COMMENTS:	The number is incremented by 1 for each subsequent record in the transmission.
EDITS:	None
FIELD NUMBER:	2
POSITION:	2-6
LINE REFERENCE NO:	n/a

---

**NAME:** **Ceiling Rent**  
**DESCRIPTION:** The maximum rent  
**TYPE:** Numeric  
**SIZE:** 5  
**COMMENTS:** Use whole numbers; If none, default to 0  
**EDITS:** Fatal: • Range: 0-5000  
Fatal: • If valued, 1d must equal 'P' or 'B'  
**FIELD NUMBER:** 3  
**POSITION:** 7-11  
**LINE REFERENCE NO:** 10b.

---

**NAME:** **Lower Rent**  
**DESCRIPTION:** The lower of TTP or Ceiling Rent  
**TYPE:** Numeric  
**SIZE:** 5  
**COMMENTS:** If 10b (Ceiling Rent) equals 0, fill with 9j (TTP)  
**EDITS:** Fatal: • Must equal lower of 9j or 10b, unless 10b equals 0. If 10b equals 0, put 9j  
Fatal: • If valued, 1d must equal 'P' or 'B'  
**FIELD NUMBER:** 4  
**POSITION:** 12-16  
**LINE REFERENCE NO:** 10c.

---

**NAME:** **Utility Allowance**  
**DESCRIPTION:** Allowance determined for utilities  
**TYPE:** Numeric  
**SIZE:** 3  
**COMMENTS:** Use whole numbers; If none, put zero  
**EDITS:** Warning: • Range: 0-400  
Warning: • If valued, 1d must equal 'P' or 'B'  
**FIELD NUMBER:** 5  
**POSITION:** 17-19  
**LINE REFERENCE NO:** 10d.

---

**NAME:** **Tenant Rent Indicator**  
**DESCRIPTION:** Indicates if the calculation for Tenant Rent results in a positive or negative number  
**TYPE:** Alpha  
**SIZE:** 1  
**COMMENTS:** Use a '+' if the number in 10e is positive; use a '-' if the number in 10e is negative  
**EDITS:** Fatal: • Must be a '+' or '-' if 10e is valued  
Fatal: • If valued, 1d must equal 'P' or 'B'  
**FIELD NUMBER:** 6  
**POSITION:** 20  
**LINE REFERENCE NO:** 10e.

---

**NAME:** **Tenant Rent**  
**DESCRIPTION:** Amount of tenant rent  
**TYPE:** Numeric  
**SIZE:** 5  
**COMMENTS:** Use field 6 to indicate if the number is positive or negative  
**EDITS:** Fatal: • Must equal 10c minus 10d, plus or minus 5  
Fatal: • Cannot exceed 2498  
Fatal: • If valued, 1d must equal 'P' or 'B'  
**FIELD NUMBER:** 7  
**POSITION:** 21-25  
**LINE REFERENCE NO:** 10e.

---

**NAME:** **Reserved**  
**DESCRIPTION:** Reserved for future use if instructed by HUD  
**TYPE:** Numeric  
**SIZE:** 5  
**COMMENTS:** Submit blanks unless instructed by HUD  
**EDITS:** Warning: Must be blank  
**FIELD NUMBER:** 8  
**POSITION:** 26-30  
**LINE REFERENCE NO:** 10f.

---

**NAME:** **Reserved**  
**DESCRIPTION:** Reserved for future use if instructed by HUD  
**TYPE:** Numeric  
**SIZE:** 5  
**COMMENTS:** Submit blanks unless instructed by HUD  
**EDITS:** Warning: Must be blank  
**FIELD NUMBER:** 9  
**POSITION:** 31-35  
**LINE REFERENCE NO:** 10g.

---

---

<b>NAME:</b>	<b>Public/Indian Housing Maximum Rent</b>
DESCRIPTION:	The maximum rent in Public and Indian Housing
TYPE:	Numeric
SIZE:	6
COMMENTS:	Use whole numbers
EDITS:	Fatal: • Must be valued if 3s equals 'P'
	Fatal: • If valued, 1d must equal 'P' or 'B'
FIELD NUMBER:	10
POSITION:	36-41
LINE REFERENCE NO:	10h.

---

---

<b>NAME:</b>	<b>Family Maximum Subsidy</b>
DESCRIPTION:	The maximum subsidy for the family
TYPE:	Numeric
SIZE:	6
COMMENTS:	Equals Maximum Rent minus TTP
EDITS:	Fatal: • Must be valued if 3s equals 'P'
	Fatal: • If valued, 1d must equal 'P' or 'B'
	Fatal: • If valued, must equal 10h minus 9j. If calculation results in a negative number, must equal 0.
FIELD NUMBER:	11
POSITION:	42-47
LINE REFERENCE NO:	10i.

---



<b>NAME:</b>	<b>Total Number Eligible</b>
DESCRIPTION:	The total number of family members eligible
TYPE:	Numeric
SIZE:	2
COMMENTS:	Include family members with citizenship status 'EC', for eligible citizen, or 'EN', for eligible noncitizen, and 'PV', for pending verification.
EDITS:	Fatal: <ul style="list-style-type: none"><li>• Must be valued if 3s equals 'P' and 1d equals 'P' or 'B'</li><li>• If valued, must equal total of Family Members (3h equals 'H', 'S', 'Y', 'E', 'K', or 'A') who have citizenship codes (3i) of 'EC', 'EN', or 'PV'</li></ul>
FIELD NUMBER:	12
POSITION:	48-49
LINE REFERENCE NO:	10j.

---

<b>NAME:</b>	<b>Total Number in Family</b>
DESCRIPTION:	The total number of family members
TYPE:	Numeric
SIZE:	2
COMMENTS:	Total the number of members of the family
EDITS:	Fatal: <ul style="list-style-type: none"><li>• Must be valued if 3s equals 'P'</li></ul> Fatal: <ul style="list-style-type: none"><li>• If valued, 1d must equal 'P' or 'B'</li></ul> Fatal: <ul style="list-style-type: none"><li>• If valued, must equal the sum of family members (3h equals 'H', 'S', 'Y', 'E', 'K', or 'A')</li></ul>
FIELD NUMBER:	13
POSITION:	50-51
LINE REFERENCE NO:	10k.

---

**NAME: Reserved**

DESCRIPTION: Reserved for future use if instructed by HUD

TYPE: Numeric

SIZE: 2

COMMENTS: Submit blanks unless instructed by HUD

EDITS: Warning: 

- Must be Blank

FIELD NUMBER: 14

POSITION: 52-53

LINE REFERENCE NO: 10m.

---

**NAME: Eligible Subsidy**

DESCRIPTION: The subsidy amount for which the family is eligible

TYPE: Numeric

SIZE: 6

COMMENTS: The product of (the family maximum subsidy divided by the total number in the family) and the total number eligible

EDITS: Fatal: 

- Must be valued if 3s equals 'P'
- Fatal: • If valued, 1d must equal 'P' or 'B'
- Fatal: • If valued, must equal the product of (10i divided by 10k) and 10j

FIELD NUMBER: 15

POSITION: 54-59

LINE REFERENCE NO: 10n.

---

**NAME:** **Mixed Family Total Tenant Payment**  
**DESCRIPTION:** TTP based on the proration calculation  
**TYPE:** Numeric  
**SIZE:** 5  
**COMMENTS:** Maximum rent minus the eligible subsidy  
**EDITS:** Fatal: • Must be valued if 3s equals 'P'  
Fatal: • If valued, 1d must equal 'P' or 'B'  
Fatal: • If valued, must equal 10h minus 10n, plus or minus 5. If calculation results in a negative number, must equal 0.  
**FIELD NUMBER:** 16  
**POSITION:** 60-64  
**LINE REFERENCE NO:** 10p.

---

**NAME:** **Reserved**  
**DESCRIPTION:** Reserved for future use if instructed by HUD  
**TYPE:** Numeric  
**SIZE:** 5  
**COMMENTS:** Submit blanks unless instructed by HUD  
**EDITS:** Warning: Must be blank  
**FIELD NUMBER:** 17  
**POSITION:** 65-69  
**LINE REFERENCE NO:** 10q.

---

**NAME:** **Utility Allowance**  
**DESCRIPTION:** Allowance determined for utilities  
**TYPE:** Numeric  
**SIZE:** 3  
**COMMENTS:** Use whole numbers  
**EDITS:** Fatal: • Must be valued if 3s equals 'P'  
Fatal: • If valued, 1d must equal 'P' or 'B'  
Warning: • If valued, range: 0-400  
**FIELD NUMBER:** 18  
**POSITION:** 70-72  
**LINE REFERENCE NO:** 10r.

---

**NAME:** **Mixed Family Tenant Rent Indicator**

**DESCRIPTION:** Indicates if the calculation for Mixed Family Tenant Rent results in a positive or negative number

**TYPE:** Alpha

**SIZE:** 1

**COMMENTS:** Use a '+' if the number in 10s is positive; use a '-' if the number in 10s is negative

**EDITS:**

- Fatal: • Must be a '+' or '-' if 10s is valued
- Fatal: • Must be valued if 3s equals 'P'
- Fatal: • If valued, 1d must equal 'P' or 'B'

**FIELD NUMBER:** 19

**POSITION:** 73

**LINE REFERENCE NO:** 10s.

---

**NAME:** **Mixed Family Tenant Rent**

**DESCRIPTION:** Tenant Rent based on proration

**TYPE:** Numeric

**SIZE:** 5

**COMMENTS:** Use field 19 to indicate if the number is positive or negative

**EDITS:**

- Fatal: • Must be valued if 3s equals 'P'
- Fatal: • If valued, 1d must equal 'P' or 'B'
- Fatal: • If valued, must equal 10p minus 10r
- Fatal: • Cannot exceed 2498 if valued

**FIELD NUMBER:** 20

**POSITION:** 74-78

**LINE REFERENCE NO:** 10s.

---

<b>NAME:</b>	<b>Reserved</b>
DESCRIPTION:	Reserved for future use if instructed by HUD
TYPE:	Numeric
SIZE:	5
COMMENTS:	Submit blanks unless instructed by HUD
EDITS:	Warning: Must be blank
FIELD NUMBER:	21
POSITION:	79-83
LINE REFERENCE NO:	10t.

---

<b>NAME:</b>	<b>Reserved</b>
DESCRIPTION:	Reserved for future use if instructed by HUD
TYPE:	Numeric
SIZE:	5
COMMENTS:	Submit blanks unless instructed by HUD
EDITS:	Warning: Must be blank
FIELD NUMBER:	22
POSITION:	84-88
LINE REFERENCE NO:	10u.

---

**50058 Indian Mutual Record**

<b>NAME:</b>	<b>Section Indicator</b>
DESCRIPTION:	The field indicates this is the beginning of a new section
TYPE:	Numeric
SIZE:	1
COMMENTS:	Use '5' for the section indicator for the Indian mutual record format
EDITS:	Fatal: Must equal '5'
FIELD NUMBER:	1
POSITION:	1
LINE REFERENCE NO:	n/a

---

<b>NAME:</b>	<b>Record Number</b>
DESCRIPTION:	A sequential number that indicates the record number of the transmission
TYPE:	Numeric
SIZE:	5
COMMENTS:	The number is incremented by 1 for each subsequent record in the transmission.
EDITS:	None
FIELD NUMBER:	2
POSITION:	2-6
LINE REFERENCE NO:	n/a

---

**NAME: Mutual Help Percentage**

DESCRIPTION: The number that corresponds to the percent in the mutual help agreement

TYPE: Numeric

SIZE: 4

COMMENTS: Use an integer

EDITS: Warning: • Range: '1500' and '3000'  
Warning: • If valued, 1d must equal 'B'

FIELD NUMBER: 3

POSITION: 7-10

LINE REFERENCE NO: 15b.

---

**NAME: Gross Family Cost**

DESCRIPTION: The product of the adjusted monthly income and the mutual help percentage

TYPE: Numeric

SIZE: 6

COMMENTS: Use whole numbers

EDITS: Warning: • Must equal product of 9d 15b divided by 10,000  
Warning: • If valued, 1d must equal 'B'

FIELD NUMBER: 4

POSITION: 11-16

LINE REFERENCE NO: 15c.

---

**NAME: Utility Allowance**

DESCRIPTION: The allowance for utilities

TYPE: Numeric

SIZE: 3

COMMENTS: Use whole numbers

EDITS: Warning: • Range: 0-400  
Warning: • If valued, 1d must equal 'B'

FIELD NUMBER: 5

POSITION: 17-19

LINE REFERENCE NO: 15d.

---

<b>NAME:</b>	<b>Net Cost</b>
DESCRIPTION:	The gross family cost less the utility allowance
TYPE:	Numeric
SIZE:	5
COMMENTS:	If the utility allowance is larger than the gross family cost, put 0
EDITS:	Warning: <ul style="list-style-type: none"><li>• Must equal 15c minus 15d, unless 15d is larger. If 15d is larger, must equal zero</li></ul>
	Warning: <ul style="list-style-type: none"><li>• If valued, 1d must equal 'B'</li></ul>
FIELD NUMBER:	6
POSITION:	20-24
LINE REFERENCE NO:	15e.

---

<b>NAME:</b>	<b>Administration Charge</b>
DESCRIPTION:	Charge for administration set by the Indian housing authority
TYPE:	Numeric
SIZE:	5
COMMENTS:	Use whole numbers
EDITS:	Warning: If valued, 1d must equal 'B'
FIELD NUMBER:	7
POSITION:	25-29
LINE REFERENCE NO:	15f.

---



**NAME:** **Maximum Monthly Payment in Agreement**

**DESCRIPTION:** The maximum monthly payment if the Indian housing authority has a maximum monthly payment schedule

**TYPE:** Numeric

**SIZE:** 5

**COMMENTS:**     Warning:     • If the Indian housing authority does not have a maximum monthly payment schedule, enter 0

                          Warning:     • Usually 15f plus the monthly debt service

                          Warning:     • Use whole numbers

                          Warning:     • If valued, 1d must equal 'B'

**EDITS:** None

**FIELD NUMBER:** 8

**POSITION:** 30-34

**LINE REFERENCE NO:** 15g.

---

**NAME:** **Family Cost**

**DESCRIPTION:** Cost to the family

**TYPE:** Numeric

**SIZE:** 5

**COMMENTS:** Enter the higher of Net Cost or Administration Charge, but not more than Maximum Payment

**EDITS:**           Warning:     • Higher of 15e or 15f, but not greater than 15g

                          Warning:     • If valued, 1d must equal 'B'

**FIELD NUMBER:** 9

**POSITION:** 35-39

**LINE REFERENCE NO:** 15h.

---

## 50058 Certificate Record Format

<b>NAME:</b>	<b>Section Indicator</b>
DESCRIPTION:	The field indicates this is the beginning of a new section
TYPE:	Numeric
SIZE:	1
COMMENTS:	Use '6' for the section indicator for the certificate record format
EDITS:	Fatal: Must equal '6'
FIELD NUMBER:	1
POSITION:	1
LINE REFERENCE NO:	n/a

---

<b>NAME:</b>	<b>Record Number</b>
DESCRIPTION:	A sequential number that indicates the record number of the transmission
TYPE:	Numeric
SIZE:	5
COMMENTS:	The number is incremented by 1 for each subsequent record in the transmission.
EDITS:	None
FIELD NUMBER:	2
POSITION:	2-6
LINE REFERENCE NO:	n/a

---

**NAME:** **Date Unit Last Passed Inspection**

**DESCRIPTION:** The date the unit last passed inspection

**TYPE:** Date

**SIZE:** 8

**COMMENTS:** MMDDCCYY format

**EDITS:**

- Fatal: • If valued, 1d must equal 'CE' or 'MC'
- Fatal: • Cannot be blank if 11b is valued 'Y' (indicates the family is now moving to this unit)
- Fatal: • Must be MMDDCCYY format

**FIELD NUMBER:** 3

**POSITION:** 7-14

**LINE REFERENCE NO:** 5g.

---

**NAME:** **Date Unit Last Inspected**

**DESCRIPTION:** The date the unit was last inspected

**TYPE:** Date

**SIZE:** 8

**COMMENTS:** MMDDCCYY format

**EDITS:**

- Fatal: • If valued, 1d must equal 'CE' or 'MC'
- Fatal: • Cannot be blank if 11b is valued 'Y' (indicates the family is now moving to this unit)
- Fatal: • MMDDCCYY format

**FIELD NUMBER:** 4

**POSITION:** 15-22

**LINE REFERENCE NO:** 5h.

---

**NAME:** **Number of Bedrooms on Certificate**  
**DESCRIPTION:** The number of bedrooms listed on the certificate  
**TYPE:** Numeric  
**SIZE:** 1  
**COMMENTS:** None  
**EDITS:** Fatal: • Range: 0-9  
Fatal: • If valued, 1d must equal 'CE' or 'MC'  
**FIELD NUMBER:** 5  
**POSITION:** 23  
**LINE REFERENCE NO:** 11a.

---

**NAME:** **Family Moving Into Unit Indicator**  
**DESCRIPTION:** Indicates that the family is now moving into this unit  
**TYPE:** Alpha  
**SIZE:** 1  
**COMMENTS:** Use 'Y' for yes and 'N' for no  
**EDITS:** Fatal: • If valued, 1d must equal 'CE' or 'MC'  
Fatal: • If valued, must be 'Y' or 'N'  
Fatal: • If 1d equals 'CE' and 11(g)(a) does not equal 'Y' and 2b is equal to or later than 10/01/1999, must equal 'N'  
**FIELD NUMBER:** 6  
**POSITION:** 24  
**LINE REFERENCE NO:** 11b.

---

**NAME:** **Does the Family Qualify as Hard to House?**  
**DESCRIPTION:** Indicates if the family qualified as a Hard to House family  
**TYPE:** Alpha  
**SIZE:** 1  
**COMMENTS:** Use 'Y' for yes and 'N' for no  
**EDITS:** Fatal: • If valued, 1d must equal 'CE' or 'MC'  
Fatal: • If valued, must be 'Y' or 'N'  
**FIELD NUMBER:** 7  
**POSITION:** 25  
**LINE REFERENCE NO:** 11c.

---

**NAME:** **Portability Indicator**  
**DESCRIPTION:** Indicates if this family moved into this HA jurisdiction under portability  
**TYPE:** Alpha  
**SIZE:** 1  
**COMMENTS:** Enter 'Y' if this family moved into this HA jurisdiction under portability  
**EDITS:** Fatal: • If valued, 1d must equal 'CE' or 'MC'  
Fatal: • Must equal 'Y' when 2a equals '4' (portability move-in)  
Fatal: • If valued, must be 'Y' or 'N'  
**FIELD NUMBER:** 8  
**POSITION:** 26  
**LINE REFERENCE NO:** 11d.

---

---

<b>NAME:</b>	<b>Cost Billed per Month</b>
DESCRIPTION:	Monthly amount billed to another HA for this family
TYPE:	Numeric
SIZE:	5
COMMENTS:	Enter '0' if this HA has absorbed this family into it's own program
EDITS:	Fatal: • If valued, 1d must equal 'CE' or 'MC'
	Fatal: • Must equal zero if 11d (portability) equals 'N'
	Fatal: • Range: 0-3000
FIELD NUMBER:	9
POSITION:	27-31
LINE REFERENCE NO:	11e.

---

---

<b>NAME:</b>	<b>HA Number Billed</b>
DESCRIPTION:	Number of HA billed under portability
TYPE:	Alphanumeric
SIZE:	8
COMMENTS:	Leave blank if 11d equals 'N'
EDITS:	Fatal: • If valued, must be 2 letter state code followed by 3 digit number
	Fatal: • Cannot be blank if 11e (cost billed per month) is greater than zero
FIELD NUMBER:	10
POSITION:	32-39
LINE REFERENCE NO:	11f.

---

**NAME:** **Project Based Certificate Program Unit Indicator**

**DESCRIPTION:** Indicates whether this is a Project Based Certificate Program unit

**TYPE:** Alpha

**SIZE:** 1

**COMMENTS:** Use 'Y' for yes and 'N' for no

**EDITS:** Fatal: • If valued, 1d must equal 'CE' or 'MC'

Fatal: • If valued, must be 'Y' or 'N'

**FIELD NUMBER:** 11

**POSITION:** 40

**LINE REFERENCE NO:** 11g. (a)

---

**NAME:** **SRO Indicator**

**DESCRIPTION:** Indicates whether the housing type is SRO

**TYPE:** Alpha

**SIZE:** 1

**COMMENTS:** Use 'Y' for yes and 'N' for no

**EDITS:** Fatal: • If valued, 1d must equal 'CE' or 'MC'

Fatal: • If valued, must be 'Y' or 'N'

**FIELD NUMBER:** 12

**POSITION:** 41

**LINE REFERENCE NO:** 11g. (b)

---

**NAME:** **IGR Indicator**

**DESCRIPTION:** Indicates whether the housing type is IGR

**TYPE:** Alpha

**SIZE:** 1

**COMMENTS:** Use 'Y' for yes and 'N' for no

**EDITS:** Fatal: • If valued, 1d must equal 'CE' or 'MC'

Fatal: • If valued, must be 'Y' or 'N'

**FIELD NUMBER:** 13

**POSITION:** 42

**LINE REFERENCE NO:** 11g. (c)

---

**NAME: Mod Rehab Indicator**

DESCRIPTION: Indicates whether the housing type is Mod Rehab  
TYPE: Alpha  
SIZE: 1  
COMMENTS: Use 'Y' for yes and 'N' for no  
EDITS: Fatal: • If valued, 1d must equal 'MC'  
Fatal: • If valued, must be 'Y' or 'N'  
FIELD NUMBER: 14  
POSITION: 43  
LINE REFERENCE NO: 11g. (d)

---

**NAME: OFTO Indicator**

DESCRIPTION: Indicates whether the housing type is OFTO  
TYPE: Alpha  
SIZE: 1  
COMMENTS: Use 'Y' for yes and 'N' for no  
EDITS: Fatal: • If valued, 1d must equal 'CE' or 'MC'  
Fatal: • If valued, must be 'Y' or 'N'  
Fatal: • If 1d equals 'CE' and 2b equals a date equal to or later than 10/01/1999, must equal 'N'  
FIELD NUMBER: 15  
POSITION: 44  
LINE REFERENCE NO: 11g. (e)

---

**NAME: Owner Name**

DESCRIPTION: Name of unit owner  
TYPE: Alphanumeric  
SIZE: 35  
COMMENTS: None  
EDITS: Fatal: • If valued, 1d must equal 'CE' or 'MC'  
FIELD NUMBER: 16  
POSITION: 45-79  
LINE REFERENCE NO: 11h.

---



**NAME:** **Owner TIN/SSN**  
**DESCRIPTION:** Tax Identification or Social Security Number of the owner  
**TYPE:** Alphanumeric  
**SIZE:** 9  
**COMMENTS:** Enter either the TIN or the Owner SSN  
**EDITS:** Fatal: • If valued, 1d must equal 'CE' or 'MC'  
Fatal: • If valued, must be 9 characters  
**FIELD NUMBER:** 17  
**POSITION:** 80-88  
**LINE REFERENCE NO:** 11i.

---

**NAME:** **FMR or Exception Rent**  
**DESCRIPTION:** Fair Market Rent or Exception Rent  
**TYPE:** Numeric  
**SIZE:** 5  
**COMMENTS:** Only for new admision or move  
**EDITS:** Fatal: • If valued, 11b (moving to unit) must be 'Y', or 2a ( action) must be '1' (new admission), or 2f must be 'PR', or 11g for OFTO must be 'Y'  
Fatal: • If 11g for OFTO equals 'Y', must be valued  
Fatal: • If valued, 1d must equal 'CE' or 'MC'  
Fatal: • If 1d equals 'CE' and 11(g)(a) does not equal 'Y' and 2b is equal to or later than 10/01/1999, must be blank  
**FIELD NUMBER:** 18  
**POSITION:** 89-93  
**LINE REFERENCE NO:** 11j.

---

<b>NAME:</b>	<b>Contract Rent to Owner</b>
DESCRIPTION:	Monthly rent payable to owner specified in the HAP contract
TYPE:	Numeric
SIZE:	5
COMMENTS:	Use whole dollars
EDITS:	Fatal: • If valued, 1d must equal 'CE' or 'MC'
	Warning: • Range: 5-3000
FIELD NUMBER:	19
POSITION:	94-98
LINE REFERENCE NO:	11k.

---

**NAME:** **Utility Allowance**  
**DESCRIPTION:** The allowance for utilities  
**TYPE:** Numeric  
**SIZE:** 3  
**COMMENTS:** Use whole numbers; If none, use 0  
**EDITS:** Fatal: • If valued, 1d must equal 'CE' or 'MC'  
Warning: • Range: 0-400  
**FIELD NUMBER:** 20  
**POSITION:** 99-101  
**LINE REFERENCE NO:** 11m.

---

**NAME:** **Gross Rent of Unit**  
**DESCRIPTION:** The contract rent to owner plus the utility allowance  
**TYPE:** Numeric  
**SIZE:** 5  
**COMMENTS:** Use whole numbers  
**EDITS:** Fatal: • Must equal sum of lines 11k and 11m  
Fatal: • If valued, 1d must equal 'CE' or 'MC'  
**FIELD NUMBER:** 21  
**POSITION:** 102-106  
**LINE REFERENCE NO:** 11n.

---

**NAME: Reserved**

DESCRIPTION: Reserved for future use if instructed by HUD

TYPE: Numeric

SIZE: 5

COMMENTS: Submit blanks unless instructed by HUD

EDITS: Warning: Must be blank

FIELD NUMBER: 22

POSITION: 107-111

LINE REFERENCE NO: 11p.

---

**NAME: Total HAP**

DESCRIPTION: Total HA Payment

TYPE: Numeric

SIZE: 6

COMMENTS: Use whole numbers

EDITS: Fatal: • Must be valued unless 3s equals 'P'

Fatal: • If valued, 1d must equal 'CE' or 'MC'

Warning: • If valued and OFTO equals 'N', must equal 11n minus 9j. If 9j is larger, must equal zero

FIELD NUMBER: 23

POSITION: 112-117

LINE REFERENCE NO: 11r.

---

---

<b>NAME:</b>	<b>Tenant Rent Indicator</b>
DESCRIPTION:	Indicates if the calculation for Tenant Rent results in a positive or negative number
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use a '+' if the number in 11s is positive; use a '-' if the number in 11s is negative
EDITS:	Fatal: <ul style="list-style-type: none"><li>• Must be a '+' or '-' if 11s is valued and OFTO indicator equals 'N'</li></ul>
	Fatal: <ul style="list-style-type: none"><li>• If OFTO equals 'Y', must be blank</li></ul>
	Fatal: <ul style="list-style-type: none"><li>• If valued, 1d must equal 'CE' or 'MC'</li></ul>
FIELD NUMBER:	24
POSITION:	118
LINE REFERENCE NO:	11s.

---

---

<b>NAME:</b>	<b>Tenant Rent</b>
DESCRIPTION:	Amount of tenant rent
TYPE:	Numeric
SIZE:	5
COMMENTS:	Use field 24 to indicate if the number is positive or negative
EDITS:	Fatal: <ul style="list-style-type: none"><li>• Must be valued unless 3s equals 'P' and OFTO equals 'N'</li></ul>
	Fatal: <ul style="list-style-type: none"><li>• If valued, must equal 11k minus 11r, plus or minus 5</li></ul>
	Fatal: <ul style="list-style-type: none"><li>• If valued, 1d must equal 'CE' or 'MC'</li></ul>
	Fatal: <ul style="list-style-type: none"><li>• If valued, cannot exceed 2498</li></ul>
	Fatal: <ul style="list-style-type: none"><li>• If OFTO equals 'Y', must be blank</li></ul>
FIELD NUMBER:	25
POSITION:	119-123
LINE REFERENCE NO:	11s.

---

**NAME:** **HAP to Owner**  
**DESCRIPTION:** HA Payment to the owner  
**TYPE:** Numeric  
**SIZE:** 5  
**COMMENTS:** The lower of the contract rent to owner or the total HAP  
**EDITS:** Fatal: • Must be valued unless 3s equals 'P'  
Fatal: • If valued, must equal the lower of 11k or 11r  
Fatal: • If valued, 1d must equal 'CE' or 'MC'  
Fatal: • If OFTO equals 'Y', must be blank  
**FIELD NUMBER:** 26  
**POSITION:** 124-128  
**LINE REFERENCE NO:** 11t.

---

**NAME:** **Prorated Normal Total HAP**  
**DESCRIPTION:** Normal total HAP in regular tenancy under proration  
**TYPE:** Numeric  
**SIZE:** 5  
**COMMENTS:** Gross rent less TTP  
**EDITS:** Fatal: • Must be valued if 3s equals 'P' (prorated assistance) and 11g for OFTO equals 'N'  
Fatal: • If valued, 1d must equal 'CE' or 'MC'  
Warning: • If valued, must equal 11n minus 9j. If calculation results in a negative number, must equal 0.  
**FIELD NUMBER:** 27  
**POSITION:** 129-133  
**LINE REFERENCE NO:** 11aa.

---

<b>NAME:</b>	<b>Reserved</b>
DESCRIPTION:	Reserved for future use if instructed by HUD
TYPE:	Numeric
SIZE:	5
COMMENTS:	Submit blanks unless instructed by HUD
EDITS:	Warning: Must be blank
FIELD NUMBER:	28
POSITION:	134-138
LINE REFERENCE NO:	11ab.

---

<b>NAME:</b>	<b>Reserved</b>
DESCRIPTION:	Reserved for future use if instructed by HUD
TYPE:	Numeric
SIZE:	5
COMMENTS:	Submit blanks unless instructed by HUD
EDITS:	Warning: Must be blank
FIELD NUMBER:	29
POSITION:	139-143
LINE REFERENCE NO:	11ac.

---

**NAME: Reserved**

DESCRIPTION: Reserved for future use if instructed by HUD

TYPE: Numeric

SIZE: 5

COMMENTS: Submit blanks unless instructed by HUD

EDITS: Warning: Must be blank

FIELD NUMBER: 30

POSITION: 144-148

LINE REFERENCE NO: 11ad.

**NAME: Total Number Eligible**

DESCRIPTION: Total number of members of the family eligible for subsidy

TYPE: Numeric

SIZE: 2

COMMENTS: Include family members with citizenship status 'EC', for eligible citizen, or 'EN', for eligible noncitizen, and 'PV', for pending verification.

EDITS: Fatal: • Must be valued if 3s is 'P' (prorated assistance)

Fatal: • If valued, must equal total of Family Members (3h equals 'H', 'S', 'Y', 'E', 'K', or 'A') who have citizenship codes (3i) of 'EC', 'EN', or 'PV'

Fatal: • If valued, 1d must equal 'CE' or 'MC'

FIELD NUMBER: 31

POSITION: 149-150

LINE REFERENCE NO: 11ae.



<b>NAME:</b>	<b>Total Number in Family</b>
DESCRIPTION:	Total number of members of the family
TYPE:	Numeric
SIZE:	2
COMMENTS:	Total the number of members of the family
EDITS:	Fatal: <ul style="list-style-type: none"><li>• If valued, must equal the sum of family members (3h equals 'H', 'S', 'Y', 'E', 'K', or 'A')</li></ul>
	Fatal: <ul style="list-style-type: none"><li>• Must be valued if 3s must equal 'P' (prorated assistance)</li></ul>
	Fatal: <ul style="list-style-type: none"><li>• If valued, 1d must equal 'CE' or 'MC'</li></ul>
FIELD NUMBER:	32
POSITION:	151-152
LINE REFERENCE NO:	11af.

---

<b>NAME:</b>	<b>Proration Percentage</b>
DESCRIPTION:	The percent of the family eligible for subsidy
TYPE:	Numeric
SIZE:	2
COMMENTS:	Use an integer
EDITS:	Fatal: <ul style="list-style-type: none"><li>• Must be valued if 3s equals 'P' (prorated assistance)</li></ul>
	Fatal: <ul style="list-style-type: none"><li>• If valued, must equal 11ae divided by 11af multiplied by 100</li></ul>
	Fatal: <ul style="list-style-type: none"><li>• If valued, 1d must equal 'CE' or 'MC'</li></ul>
FIELD NUMBER:	33
POSITION:	153-154
LINE REFERENCE NO:	11ag.

---

---

<b>NAME:</b>	<b>Prorated Total HAP</b>
DESCRIPTION:	The prorated Total HA Payment
TYPE:	Numeric
SIZE:	5
COMMENTS:	Use whole numbers; If Regular tenancy, use the product of 11aa and 11ag. If OFTO, see Instruction Booklet.
EDITS:	Fatal: • Must be valued if 3s equals 'P' (prorated assistance)
	Fatal: • If valued, 1d must equal 'CE' or 'MC'
	Warning: • If valued and 11g equals 'N' for OFTO, must equal the product of 11aa and 11ag divided by 100
FIELD NUMBER:	34
POSITION:	155-159
LINE REFERENCE NO:	11ah.

---

---

<b>NAME:</b>	<b>Mixed Family TTP</b>
DESCRIPTION:	The prorated Total Tenant Payment
TYPE:	Numeric
SIZE:	5
COMMENTS:	Gross rent minus prorated total HAP
EDITS:	Fatal: • Must be valued if 3s equals 'P' (prorated assistance)
	Fatal: • If valued, must equal 11n minus 11ah ,plus or minus5. If calculation results in a negative number, must equal 0.
	Fatal: • If valued, 1d must equal 'CE' or 'MC'
FIELD NUMBER:	35
POSITION:	160-164
LINE REFERENCE NO:	11ai.

---

**NAME:** **Mixed Family Tenant Rent Indicator**

**DESCRIPTION:** Indicates if the calculation for Mixed Family Tenant Rent results in a positive or negative number

**TYPE:** Alpha

**SIZE:** 1

**COMMENTS:** Use a '+' if the number in 11ak is positive; use a '-' if the number in 11ak is negative

**EDITS:** Fatal: • Must be a '+' or '-' if 11ak is valued and OFTO equals 'N'  
Fatal: • Must be blank if OFTO equals 'Y'

**FIELD NUMBER:** 36

**POSITION:** 165

**LINE REFERENCE NO:** 11ak.

---

**NAME:** **Mixed Family Tenant Rent**

**DESCRIPTION:** Tenant Rent based on proration

**TYPE:** Numeric

**SIZE:** 5

**COMMENTS:** Use field 36 to indicate if the number is positive or negative

**EDITS:** Fatal: • Must be valued if 3s equals 'P' (prorated assistance) and OFTO equals 'N'  
Fatal: • If valued, must equal 11ai minus 11m  
Fatal: • If valued, cannot exceed 2498  
Fatal: • If OFTO equals 'Y', must be blank  
Fatal: • If valued, 1d must equal 'CE' or 'MC'

**FIELD NUMBER:** 37

**POSITION:** 166-170

**LINE REFERENCE NO:** 11ak.

---

**NAME: Reserved**

DESCRIPTION: Reserved for future use if instructed by HUD

TYPE: Numeric

SIZE: 5

COMMENTS: Submit blanks unless instructed by HUD

EDITS: Warning: Must be blank

FIELD NUMBER: 38

POSITION: 171-175

LINE REFERENCE NO: 11an.

---

**NAME: Prorated HAP to Owner**

DESCRIPTION: Prorated HA Payment to the owner

TYPE: Numeric

SIZE: 5

COMMENTS: Contract rent to owner less the mixed family tenant rent

EDITS: Fatal: 

- Must be valued if 3s equals 'P' (prorated assistance) if OFTO equals 'N'

Fatal: 

- If valued, 1d must equal 'CE' or 'MC'
- If OFTO equals 'Y', must be blank

Warning: 

- If valued, must equal 11k minus 11ak. If calculation results in a negative number, must equal 0. If 11ak is negative, then put 11k.

FIELD NUMBER: 39

POSITION: 176-180

LINE REFERENCE NO: 11an.

---



## 50058 Voucher Record Format

<b>NAME:</b>	<b>Section Indicator</b>
DESCRIPTION:	The field indicates this is the beginning of a new section
TYPE:	Numeric
SIZE:	1
COMMENTS:	Use '7' for the section indicator for the voucher record format
EDITS:	Fatal: Must equal '7'
FIELD NUMBER:	1
POSITION:	1
LINE REFERENCE NO:	n/a

---

<b>NAME:</b>	<b>Record Number</b>
DESCRIPTION:	A sequential number that indicates the record number of the transmission
TYPE:	Numeric
SIZE:	5
COMMENTS:	The number is incremented by 1 for each subsequent record in the transmission.
EDITS:	None
FIELD NUMBER:	2
POSITION:	2-6
LINE REFERENCE NO:	n/a

---

**NAME: Date Unit Last Passed Inspection**

DESCRIPTION: The date the unit last passed inspection

TYPE: Date

SIZE: 8

COMMENTS: MMDDCCYY format

EDITS: Fatal: • If valued, 1d must equal 'VO'

Fatal: • Cannot be blank if 12b is 'Y'

Fatal: • Must be MMDDCCYY format

FIELD NUMBER: 3

POSITION: 7-14

LINE REFERENCE NO: 5g.

---

**NAME: Date Unit Last Inspected**

DESCRIPTION: The date the unit was last inspected

TYPE: Date

SIZE: 8

COMMENTS: MMDDCCYY format

EDITS: Fatal: • If valued, 1d must equal 'VO'

Fatal: • Must be MMDDCCYY format

FIELD NUMBER: 4

POSITION: 15-22

LINE REFERENCE NO: 5h.

---

**NAME: Number of Bedrooms on Voucher**

DESCRIPTION: The number of bedrooms listed on the voucher

TYPE: Numeric

SIZE: 1

COMMENTS: None

EDITS: Fatal: • Range: 0-9

Fatal: • If valued, 1d must equal 'VO'

FIELD NUMBER: 5

POSITION: 23

LINE REFERENCE NO: 12a.

---

**NAME:** **Family Moving Into Unit Indicator**  
**DESCRIPTION:** Indicates that the family is now moving into this unit  
**TYPE:** Alpha  
**SIZE:** 1  
**COMMENTS:** Use 'Y' for yes and 'N' for no  
**EDITS:** Fatal: • If valued, 1d must equal 'VO'  
Fatal: • If valued, must be 'Y' or 'N'  
**FIELD NUMBER:** 6  
**POSITION:** 24  
**LINE REFERENCE NO:** 12b.

---

**NAME:** **Does the Family Qualify for Hard to House?**  
**DESCRIPTION:** Indicates if the family qualified as a Hard to House family  
**TYPE:** Alpha  
**SIZE:** 1  
**COMMENTS:** Use 'Y' for yes and 'N' for no  
**EDITS:** Fatal: • If valued, 1d must equal 'VO'  
Fatal: • If valued, must be 'Y' or 'N'  
Fatal: • If 12aj equals MHS, must be 'N'  
**FIELD NUMBER:** 7  
**POSITION:** 25  
**LINE REFERENCE NO:** 12c.

---



<b>NAME:</b>	<b>Portability Indicator</b>
DESCRIPTION:	Indicates if this family moved into this HA jurisdiction under portability
TYPE:	Alpha
SIZE:	1
COMMENTS:	Enter 'Y' if this family moved into this HA jurisdiction under portability
EDITS:	Fatal: • If valued, 1d must equal 'VO'
	Fatal: • If valued, must be 'Y' or 'N'
	Warning: • If valued, must equal 'Y' when 2a equals '4' (portability move-in)
FIELD NUMBER:	8
POSITION:	26
LINE REFERENCE NO:	12d.

---

<b>NAME:</b>	<b>Cost Billed per Month</b>
DESCRIPTION:	Monthly amount billed to another HA for this family
TYPE:	Numeric
SIZE:	5
COMMENTS:	Enter '0' if this HA has absorbed this family into it's own program
EDITS:	Fatal: • If valued, 1d must equal 'VO'
	Fatal: • Must equal zero if 12d (portability) equals 'N'
	Fatal: • Range: 0-3000
FIELD NUMBER:	9
POSITION:	27-31
LINE REFERENCE NO:	12e.

---

<b>NAME:</b>	<b>HA Number Billed</b>
DESCRIPTION:	Number of HA billed under portability
TYPE:	Alphanumeric
SIZE:	8
COMMENTS:	Leave blank if 12d equals 'N'
EDITS:	Fatal: <ul style="list-style-type: none"><li>• If valued, 1d must equal 'VO'</li></ul>
	Fatal: <ul style="list-style-type: none"><li>• If valued, must be 2 letter state code followed by 3 digit number</li></ul>
	Fatal: <ul style="list-style-type: none"><li>• Cannot be blank if 12e (cost billed per month) is greater than zero</li></ul>
	Fatal: <ul style="list-style-type: none"><li>• Must be blank if 12d equals 'N'</li></ul>
FIELD NUMBER:	10
POSITION:	32-39
LINE REFERENCE NO:	12f.

---

<b>NAME:</b>	<b>SRO Indicator</b>
DESCRIPTION:	Indicates whether the housing type is SRO
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no
EDITS:	Fatal: <ul style="list-style-type: none"><li>• If valued, 1d must equal 'VO'</li></ul>
	Fatal: <ul style="list-style-type: none"><li>• If valued, must be 'Y' or 'N'</li></ul>
FIELD NUMBER:	11
POSITION:	40
LINE REFERENCE NO:	12g.(a)

---

**NAME:** **IGR Indicator**  
**DESCRIPTION:** Indicates whether the housing type is IGR  
**TYPE:** Alpha  
**SIZE:** 1  
**COMMENTS:** Use 'Y' for yes and 'N' for no  
**EDITS:** Fatal: • If valued, 1d must equal 'VO'  
Fatal: • If valued, must be 'Y' or 'N'  
**FIELD NUMBER:** 12  
**POSITION:** 41  
**LINE REFERENCE NO:** 12g.(b)

---

**NAME:** **Owner Name**  
**DESCRIPTION:** Name of unit owner  
**TYPE:** Alphanumeric  
**SIZE:** 35  
**COMMENTS:** None  
**EDITS:** Fatal: If valued, 1d must equal 'VO'  
**FIELD NUMBER:** 13  
**POSITION:** 42-76  
**LINE REFERENCE NO:** 12h.

---

**NAME:** **Owner TIN/SSN**  
**DESCRIPTION:** Tax Identification or Social Security Number of the owner  
**TYPE:** Alphanumeric  
**SIZE:** 9  
**COMMENTS:** Enter either the TIN or the SSN  
**EDITS:** Fatal: • If valued, 1d must equal 'VO'  
Fatal: • If valued, must be nine characters  
**FIELD NUMBER:** 14  
**POSITION:** 77-85  
**LINE REFERENCE NO:** 12i.

---

**NAME:** **Voucher Payment Standard**  
**DESCRIPTION:** Payment standard stated on the family's voucher  
**TYPE:** Numeric  
**SIZE:** 4  
**COMMENTS:** Use whole numbers  
**EDITS:** Fatal: • If valued, 1d must equal 'VO'  
Fatal: • Range: 50-3000  
**FIELD NUMBER:** 15  
**POSITION:** 86-89  
**LINE REFERENCE NO:** 12j.

---

**NAME:** **Maximum Subsidy**  
**DESCRIPTION:** Voucher payment standard minus TTP on adjusted annual income  
**TYPE:** Numeric  
**SIZE:** 5  
**COMMENTS:** If TTP on adjusted annual income is larger, put 0  
**EDITS:** Fatal: • If valued, 1d must equal 'VO'  
Fatal: • Must equal 12j minus 9j unless 9j is larger. If 9j is larger, must equal 0  
**FIELD NUMBER:** 16  
**POSITION:** 90-94  
**LINE REFERENCE NO:** 12m.

---

**NAME:** **Utility Allowance**  
**DESCRIPTION:** The allowance for utilities  
**TYPE:** Numeric  
**SIZE:** 3  
**COMMENTS:** Use whole numbers; If none, enter 0  
**EDITS:** Fatal: • If valued, 1d must equal 'VO'  
Warning: • Range: 0-400  
**FIELD NUMBER:** 17  
**POSITION:** 95-97  
**LINE REFERENCE NO:** 12n.

---

**NAME:** **Rent to Owner**  
**DESCRIPTION:** Monthly rent payable to owner specified in the HAP contract  
**TYPE:** Numeric  
**SIZE:** 5  
**COMMENTS:** Use whole dollars  
**EDITS:** Fatal: • If valued, 1d must equal 'VO'  
Warning: • Range: 5-3000  
**FIELD NUMBER:** 18  
**POSITION:** 98-102  
**LINE REFERENCE NO:** 12p.

---

**NAME:** **Gross Rent of Unit**  
**DESCRIPTION:** The rent to owner plus the utility allowance  
**TYPE:** Numeric  
**SIZE:** 5  
**COMMENTS:** Use whole numbers  
**EDITS:** Fatal: • Must equal sum of lines 12n and 12p  
Fatal: • If valued, 1d must equal 'VO'  
**FIELD NUMBER:** 19  
**POSITION:** 103-107  
**LINE REFERENCE NO:** 12q.

---

**NAME:** **Gross Rent Less Maximum Subsidy**  
**DESCRIPTION:** The gross rent minus the maximum subsidy  
**TYPE:** Numeric  
**SIZE:** 5  
**COMMENTS:** If the maximum subsidy is larger than the gross rent, put 0  
**EDITS:** Fatal: • Must equal 12q minus 12m unless 12m is larger. If calculation results in a negative number, must equal 0.  
Fatal: • If valued, 1d must equal 'VO'  
**FIELD NUMBER:** 20  
**POSITION:** 108-112  
**LINE REFERENCE NO:** 12r.

---

**NAME: Reserved**

DESCRIPTION: Reserved for future use if instructed by HUD  
TYPE: Numeric  
SIZE: 3  
COMMENTS: Submit blanks unless instructed by HUD  
EDITS: Fatal: • Must be blank or equal zero  
FIELD NUMBER: 21  
POSITION: 113-115  
LINE REFERENCE NO: 12s.

---

**NAME: Total Family Contribution**

DESCRIPTION: Higher of Gross Rent Less Maximum Subsidy or Minimum Family Contribution  
TYPE: Numeric  
SIZE: 5  
COMMENTS: Use whole numbers  
EDITS: Fatal: • If valued, 1d must equal 'VO'  
Fatal: • Must be valued unless 3s equals 'P'  
Fatal: • Must equal 12r  
FIELD NUMBER: 22  
POSITION: 116-120  
LINE REFERENCE NO: 12t.

---

**NAME: Gross Rent Less Contribution**

DESCRIPTION: Gross rent minus the total family contribution  
TYPE: Numeric  
SIZE: 5  
COMMENTS: Use whole numbers  
EDITS: Fatal: • Must be valued unless 3s equals 'P'  
Fatal: • If valued, 1d must equal 'VO'  
Warning: • If valued, must equal 12q minus 12t. If calculation results in a negative number, must equal 0.  
FIELD NUMBER: 23  
POSITION: 121-125  
LINE REFERENCE NO: 12u.

---

---

LINE REFERENCE NO: 12u.

---

**NAME:** **Total Voucher Subsidy**

**DESCRIPTION:** Lower of Maximum Subsidy or Gross Rent Less Contribution

**TYPE:** Numeric

**SIZE:** 5

**COMMENTS:** Use whole numbers

**EDITS:** Fatal: • Must be valued unless 3s equals 'P'

Fatal: • If valued, 1d must equal 'VO'

Warning: • If valued, must be the lower of 12m or 12u

**FIELD NUMBER:** 24

**POSITION:** 126-130

**LINE REFERENCE NO:** 12v.

---

**NAME:** **HAP to Owner**

**DESCRIPTION:** HA Payment to Owner

**TYPE:** Numeric

**SIZE:** 5

**COMMENTS:** Lower of Rent to Owner or Total Voucher Subsidy

**EDITS:** Fatal: • Must be valued unless 3s equals 'P'

Fatal: • If valued, 1d must equal 'VO'

Warning: • If valued, must be lower of 12p or 12v

**FIELD NUMBER:** 25

**POSITION:** 131-135

**LINE REFERENCE NO:** 12w.

---

---

<b>NAME:</b>	<b>Family Rent to Owner</b>
DESCRIPTION:	The family's rent to the owner
TYPE:	Numeric
SIZE:	5
COMMENTS:	Rent to Owner minus HAP to Owner
EDITS:	Fatal: • Must be valued unless 3s equals 'P'
	Fatal: • If valued, 1d must equal 'VO'
	Warning: • If valued, must be 12p minus 12w. If calculation results in a negative number, must equal 0.
FIELD NUMBER:	26
POSITION:	136-140
LINE REFERENCE NO:	12x.

---

---

<b>NAME:</b>	<b>Utility Reimbursement to Family</b>
DESCRIPTION:	The utility reimbursement paid to the family
TYPE:	Numeric
SIZE:	5
COMMENTS:	Total Voucher Subsidy minus HAP to Owner
EDITS:	Fatal: • Must be valued unless 3s equals 'P'
	Fatal: • If valued, 1d must equal 'VO'
	Warning: • If valued, must equal 12v minus 12w. If calculation results in a negative number, must equal 0.
FIELD NUMBER:	27
POSITION:	141-145
LINE REFERENCE NO:	12y.

---



<b>NAME:</b>	<b>Reserved</b>
DESCRIPTION:	Reserved for future use if instructed by HUD
TYPE:	Numeric
SIZE:	5
COMMENTS:	Submit blanks unless instructed by HUD
EDITS:	Fatal: • Must equal zero
FIELD NUMBER:	28
POSITION:	146-150
LINE REFERENCE NO:	12aa.

---

<b>NAME:</b>	<b>Normal Total HAP</b>
DESCRIPTION:	Normal total HAP under proration
TYPE:	Numeric
SIZE:	5
COMMENTS:	Lower of maximum subsidy or alternate HAP
EDITS:	Fatal: • Must be valued if 3s equals 'P' (prorated assistance)
	Fatal: • If valued, 1d must equal 'VO'
	Fatal: • If valued, must equal 12m
FIELD NUMBER:	29
POSITION:	151-155
LINE REFERENCE NO:	12ab.

---

<b>NAME:</b>	<b>Total Number Eligible</b>
DESCRIPTION:	Total number of members of the family eligible for subsidy
TYPE:	Numeric
SIZE:	2
COMMENTS:	Include family members with citizenship status 'EC', for eligible citizen, or 'EN', for eligible noncitizen, and 'PV', for pending verification.
EDITS:	<div><div>Fatal:</div><ul style="list-style-type: none"><li>• Must be valued if 3s equals 'P' (prorated assistance)</li></ul><div>Fatal:</div><ul style="list-style-type: none"><li>• If valued, 1d must equal 'VO'</li></ul><div>Warning:</div><ul style="list-style-type: none"><li>• If valued, must equal total of Family Members (3h equals 'H', 'S', 'Y', 'E', 'K', or 'A') who have citizenship codes (3i) of 'EC', 'EN', or 'PV'</li></ul></div>
FIELD NUMBER:	30
POSITION:	156-157
LINE REFERENCE NO:	12ac.

---

<b>NAME:</b>	<b>Total Number in Family</b>
DESCRIPTION:	Total number of members of the family
TYPE:	Numeric
SIZE:	2
COMMENTS:	Total the number of members of the family
EDITS:	<div><div>Fatal:</div><ul style="list-style-type: none"><li>• Must be valued if 3s equals 'P' (prorated assistance)</li></ul><div>Fatal:</div><ul style="list-style-type: none"><li>• If valued, 1d must equal 'VO'</li></ul><div>Warning:</div><ul style="list-style-type: none"><li>• If valued, must equal the sum of family members (3h. equals 'H', 'S', 'Y', 'E', 'K', or 'A')</li></ul></div>
FIELD NUMBER:	31
POSITION:	158-159
LINE REFERENCE NO:	12ad.

---

**NAME:** **Proration Percentage**

**DESCRIPTION:** The percent of the family eligible for subsidy

**TYPE:** Numeric

**SIZE:** 2

**COMMENTS:** Use an integer

**EDITS:**

- Fatal: • Must be valued if 3s equals 'P' (prorated assistance)
- Fatal: • If valued, must equal 12ac divided by 12ad multiplied by 100
- Fatal: • If valued, 1d must equal 'VO'

**FIELD NUMBER:** 32

**POSITION:** 160-161

**LINE REFERENCE NO:** 12ae.

---

**NAME:** **Prorated Total HAP**

**DESCRIPTION:** The prorated total HA Payment

**TYPE:** Numeric

**SIZE:** 5

**COMMENTS:** Product of Normal Total HAP and the proration percentage; use whole numbers

**EDITS:**

- Fatal: • Must be valued if 3s equals 'P' (prorated assistance)
- Fatal: • If valued, 1d must equal 'VO'
- Warning: • If valued, must equal 12ab X 12ae divided by 100

**FIELD NUMBER:** 33

**POSITION:** 162-166

**LINE REFERENCE NO:** 12af.

---

---

<b>NAME:</b>	<b>Mixed Family Total Family Contribution</b>
DESCRIPTION:	The prorated Total Family Contribution
TYPE:	Numeric
SIZE:	5
COMMENTS:	Gross rent minus prorated HAP
EDITS:	Fatal: • Must be valued if 3s equals 'P' (prorated assistance)
	Fatal: • If valued, 1d must equal 'VO'
	Warning: • If valued, must equal 12q minus 12af, plus or minus 5. If calculation results in a negative number, must equal 0.
FIELD NUMBER:	34
POSITION:	167-171
LINE REFERENCE NO:	12ag.

---

---

<b>NAME:</b>	<b>Mixed Family Tenant Rent Indicator</b>
DESCRIPTION:	Indicates if the calculation for Mixed Family Tenant Rent results in a positive or negative number
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use a '+' if the number in 12ai is positive; use a '-' if the number in 12ai is negative
EDITS:	Fatal: • Must be a '+' or '-' if 12 ai is valued
	Fatal: • Must be valued if 3s = 'P'
FIELD NUMBER:	35
POSITION:	172
LINE REFERENCE NO:	12ai.

---

**NAME:** **Mixed Family Tenant Rent**  
**DESCRIPTION:** Tenant Rent based on proration  
**TYPE:** Numeric  
**SIZE:** 5  
**COMMENTS:** Use field 35 to indicate if the number is positive or negative  
**EDITS:** Fatal: • Must be valued if 3s equals 'P' (prorated assistance)  
Fatal: • If valued, must equal 12ag minus 12n  
Fatal: • If valued, cannot exceed 2498  
Fatal: • If valued, 1d must equal 'VO'  
**FIELD NUMBER:** 36  
**POSITION:** 173-177  
**LINE REFERENCE NO:** 12ai.

---

**NAME:** **If manufactured homeowner leasing the space, enter MHS**  
**DESCRIPTION:** Manufactured homeowner indicator  
**TYPE:** Numeric  
**SIZE:** 5  
**COMMENTS:** Submit blanks unless manufactured homeowner  
**EDITS:** Warning: • Must be blank or MHS  
**FIELD NUMBER:** 37  
**POSITION:** 178-182  
**LINE REFERENCE NO:** 12aj.

---

<b>NAME:</b>	<b>Prorated HAP to Owner</b>
DESCRIPTION:	Prorated HA Payment to the owner
TYPE:	Numeric
SIZE:	5
COMMENTS:	Rent to owner less the tenant rent
EDITS:	<div><div>Fatal:</div><ul style="list-style-type: none"><li>• Must be valued if 3s equals 'P' (prorated assistance)</li></ul><div>Fatal:</div><ul style="list-style-type: none"><li>• If valued, 1d must equal 'VO'</li></ul><div>Warning:</div><ul style="list-style-type: none"><li>• If valued, must equal 12p minus 12ai. If calculation results in a negative number, must equal 0. If 12ai is negative, put 12p.</li></ul></div>
FIELD NUMBER:	38
POSITION:	183-187
LINE REFERENCE NO:	12ak.

---



## 50058 Mod Rehab Record Format

**NAME: Section Indicator**

**DESCRIPTION:** The field indicates this is the beginning of a new section

**TYPE:** Numeric

**SIZE:** 1

**COMMENTS:** Use '8' for the section indicator for the Mod Rehab record format

**EDITS:** Fatal: Must equal '8'

**FIELD NUMBER:** 1

**POSITION:** 1

**LINE REFERENCE NO:** n/a

---

**NAME: Record Number**

**DESCRIPTION:** A sequential number that indicates the record number of the transmission

**TYPE:** Numeric

**SIZE:** 5

**COMMENTS:** The number is incremented by 1 for each subsequent record in the transmission.

**EDITS:** None

**FIELD NUMBER:** 2

**POSITION:** 2-6

**LINE REFERENCE NO:** n/a

---

**NAME: Date Unit Last Passed Inspection**

**DESCRIPTION:** The date the unit last passed inspection

**TYPE:** Date

**SIZE:** 8

**COMMENTS:** MMDDCCYY format

**EDITS:** Fatal: 

- If valued, 1d must equal 'MR'

Fatal: 

- Must be MMDDCCYY format

**FIELD NUMBER:** 3

**POSITION:** 7-14

**LINE REFERENCE NO:** 5g.

---



**NAME:** **Date Unit Last Inspected**  
**DESCRIPTION:** The date the unit was last inspected  
**TYPE:** Date  
**SIZE:** 8  
**COMMENTS:** MMDDCCYY format  
**EDITS:** Fatal: • If valued, 1d must equal 'MR'  
Fatal: • Must be MMDDCCYY format  
**FIELD NUMBER:** 4  
**POSITION:** 15-22  
**LINE REFERENCE NO:** 5h.

---

**NAME:** **HAP Contract Number**  
**DESCRIPTION:** The HA Payment contract number  
**TYPE:** Alphanumeric  
**SIZE:** 14  
**COMMENTS:** None  
**EDITS:** Fatal: If valued, 1d must equal 'MR'  
**FIELD NUMBER:** 5  
**POSITION:** 23-36  
**LINE REFERENCE NO:** 13a.

---

**NAME:** **Mod Rehab SRO Program for the Homeless Indicator**  
**DESCRIPTION:** Indicates whether the mod rehab SRO housing program is for the homeless  
**TYPE:** Alpha  
**SIZE:** 1  
**COMMENTS:** Use 'Y' for yes and 'N' for no  
**EDITS:** Fatal: • If valued, 1d must equal 'MR'  
Fatal: • If valued, must be 'Y' or 'N'  
**FIELD NUMBER:** 6  
**POSITION:** 37  
**LINE REFERENCE NO:** 13b.

---

---

<b>NAME:</b>	<b>Mod Rehab SRO Unit Indicator</b>
DESCRIPTION:	Indicates whether the housing type is mod rehab SRO
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no; Not for the Homeless program
EDITS:	Fatal: • If valued, 1d must equal 'MR'
	Fatal: • If valued, must be 'Y' or 'N'
FIELD NUMBER:	7
POSITION:	38
LINE REFERENCE NO:	13c.

---

---

<b>NAME:</b>	<b>Owner Name</b>
DESCRIPTION:	Name of unit owner
TYPE:	Alphanumeric
SIZE:	35
COMMENTS:	None
EDITS:	Fatal: If valued, 1d must equal 'MR'
FIELD NUMBER:	8
POSITION:	39-73
LINE REFERENCE NO:	13d.

---

---

<b>NAME:</b>	<b>Owner TIN/SSN</b>
DESCRIPTION:	Tax Identification or Social Security Number of the owner
TYPE:	Alphanumeric
SIZE:	9
COMMENTS:	Enter either the TIN or the SSN
EDITS:	Fatal: • If valued, 1d must equal 'MR'
	Fatal: • If valued, must be 9 characters
FIELD NUMBER:	9
POSITION:	74-82
LINE REFERENCE NO:	13e.

---

**NAME:** **Current Base Rent**  
**DESCRIPTION:** The current base rent of the unit  
**TYPE:** Numeric  
**SIZE:** 4  
**COMMENTS:** Use whole numbers; do not include cents  
**EDITS:** Fatal: • If valued, 1d must equal 'MR'  
Warning: • Range: 50-3000  
**FIELD NUMBER:** 10  
**POSITION:** 83-86  
**LINE REFERENCE NO:** 13f.

---

**NAME:** **Rehabilitation Debt Service**  
**DESCRIPTION:** Monthly rehabilitation debt service applicable to the unit  
**TYPE:** Numeric  
**SIZE:** 4  
**COMMENTS:** Use whole numbers; If none, put 0  
**EDITS:** Fatal: • If valued, 1d must equal 'MR'  
Warning: • Range: 0-3000  
**FIELD NUMBER:** 11  
**POSITION:** 87-90  
**LINE REFERENCE NO:** 13g.

---

**NAME:** **Contract Rent to Owner**  
**DESCRIPTION:** Monthly rent payable to owner specified in the HAP contract  
**TYPE:** Numeric  
**SIZE:** 5  
**COMMENTS:** Must equal the sum of the current base rent and the rehabilitation debt service  
**EDITS:** Fatal: • If valued, 1d must equal 'MR'  
Warning: • Must equal sum of 13f and 13g  
**FIELD NUMBER:** 12  
**POSITION:** 91-95  
**LINE REFERENCE NO:** 13h.

---

---

<b>NAME:</b>	<b>Utility Allowance</b>
DESCRIPTION:	The allowance for utilities
TYPE:	Numeric
SIZE:	3
COMMENTS:	Use whole numbers; If none, enter 0
EDITS:	Fatal: <ul style="list-style-type: none"><li>• If valued, 1d must equal 'MR'</li></ul>
	Warning: <ul style="list-style-type: none"><li>• Range: 0-400</li></ul>
FIELD NUMBER:	13
POSITION:	96-98
LINE REFERENCE NO:	13i.

---

---

<b>NAME:</b>	<b>Tenant Rent Indicator</b>
DESCRIPTION:	Indicates if the calculation for Tenant Rent results in a positive or negative number
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use a '+' if the number in 13k is positive; use a '-' if the number in 13k is negative
EDITS:	Fatal: <ul style="list-style-type: none"><li>• Must be a '+' or '-' if 13k is valued</li></ul>
	Fatal: <ul style="list-style-type: none"><li>• If valued, 1d must equal 'MR'</li></ul>
	Fatal: <ul style="list-style-type: none"><li>• Must be valued unless 3s = 'P'</li></ul>
	Fatal: <ul style="list-style-type: none"><li>• If TTP (13j) is higher than the gross rent (13h+13I), enter the contract rent to owner (13h).</li></ul>
FIELD NUMBER:	14
POSITION:	99
LINE REFERENCE NO:	13k.

---

**NAME:** **Tenant Rent**

**DESCRIPTION:** The tenant rent

**TYPE:** Numeric

**SIZE:** 5

**COMMENTS:** Use field 14 to indicate if the number is positive or negative

**EDITS:**

- Fatal: • Must be valued unless 3s equals 'P'
- Fatal: • If valued, must equal line 9j minus 13i, plus or minus 5
- Fatal: • If TTP (13j) is higher than the gross rent (13h + 13I), enter the Contract Rent to Owner (13h)
- Fatal: • If valued, 1d must equal 'MR'

**FIELD NUMBER:** 15

**POSITION:** 100-104

**LINE REFERENCE NO:** 13k.

---

**NAME:** **HAP to Owner**

**DESCRIPTION:** HA Payment to the owner

**TYPE:** Numeric

**SIZE:** 5

**COMMENTS:** Contract rent to owner less the tenant rent

**EDITS:**

- Fatal: • Must be valued unless 3s equals 'P'
- Fatal: • If valued, 1d must equal 'MR'
- Warning: • If valued, must equal 13h minus 13k. If calculation results in a negative number, must equal 0. If 13k is negative, put 13h

**FIELD NUMBER:** 16

**POSITION:** 105-109

**LINE REFERENCE NO:** 13m.

---

**NAME: Reserved**

DESCRIPTION: Reserved for future use if instructed by HUD  
TYPE: Numeric  
SIZE: 5  
COMMENTS: Submit blanks unless instructed by HUD  
EDITS: Warning: Must be blank  
FIELD NUMBER: 17  
POSITION: 110-114  
LINE REFERENCE NO: 13n.

---

**NAME: Gross Rent**

DESCRIPTION: The rent to owner plus the utility allowance  
TYPE: Numeric  
SIZE: 6  
COMMENTS: Use whole numbers  
EDITS: Fatal: • Must be valued if 3s equals 'P' (prorated assistance)  
Fatal: • If valued, 1d must equal 'MR'  
Warning: • If valued, must equal sum of lines 13h and 13i  
FIELD NUMBER: 18  
POSITION: 115-120  
LINE REFERENCE NO: 13p.

---

**NAME: Normal Total HAP**

DESCRIPTION: Normal total HAP under proration  
TYPE: Numeric  
SIZE: 5  
COMMENTS: Gross rent minus TTP  
EDITS: Fatal: • Must be valued if 3s equals 'P' (prorated assistance)  
Fatal: • If valued, 1d must equal 'MR'  
Warning: • If valued, must equal 13p minus 9j. If calculation results in a negative number, must equal 0.  
FIELD NUMBER: 19  
POSITION: 121-125  
LINE REFERENCE NO: 13q.

---

<b>NAME:</b>	<b>Total Number Eligible</b>
DESCRIPTION:	Total number of members of the family eligible for subsidy
TYPE:	Numeric
SIZE:	2
COMMENTS:	Include family members with citizenship status 'EC', for eligible citizen, or 'EN', for eligible noncitizen, and 'PV', for pending verification.
EDITS:	<div><div>Fatal:</div><div>Fatal:</div><div>Warning:</div><div><ul style="list-style-type: none"><li>• Must be valued if 3s equals 'P' (prorated assistance)</li><li>• If valued, 1d must equal 'MR'</li><li>• If valued, must equal total of Family Members (3h equals 'H', 'S', 'Y', 'E', 'K', or 'A') who have citizenship codes (3i) of 'EC', 'EN' , or 'PV'</li></ul></div></div>
FIELD NUMBER:	20
POSITION:	126-127
LINE REFERENCE NO:	13r.

---

<b>NAME:</b>	<b>Total Number in Family</b>
DESCRIPTION:	Total number of members of the family
TYPE:	Numeric
SIZE:	2
COMMENTS:	Total the number of members of the family
EDITS:	<div><div>Fatal:</div><div>Fatal:</div><div>Fatal:</div><div><ul style="list-style-type: none"><li>• If valued, must equal the sum of family members (3h equals 'H', 'S', 'Y', 'E', 'K', or 'A')</li><li>• Must be valued if 3s equals 'P' (prorated assistance)</li><li>• If valued, 1d must equal 'MR'</li></ul></div></div>
FIELD NUMBER:	21
POSITION:	128-129
LINE REFERENCE NO:	13s.

---

---

<b>NAME:</b>	<b>Proration Percentage</b>
DESCRIPTION:	The percent of the family eligible for subsidy
TYPE:	Numeric
SIZE:	2
COMMENTS:	Use an integer
EDITS:	Fatal: • Must be valued if 3s equals 'P' (prorated assistance)
	Fatal: • If valued, 1d must equal 'MR'
	Warning: • If valued, must equal 13r divided by 13s multiplied by 100
FIELD NUMBER:	22
POSITION:	130-131
LINE REFERENCE NO:	13t.

---

---

<b>NAME:</b>	<b>Prorated Total HAP</b>
DESCRIPTION:	The prorated HA Payment
TYPE:	Numeric
SIZE:	5
COMMENTS:	Product of Normal Total HAP and the proration fraction
EDITS:	Fatal: • Must be valued if 3s equals 'P' (prorated assistance)
	Fatal: • If valued, 1d must equal 'MR'
	Warning: • If valued, must equal the product of 13q and 13t divided by 100
FIELD NUMBER:	23
POSITION:	132-136
LINE REFERENCE NO:	13u.

---



**NAME:** **Mixed Family TTP**

**DESCRIPTION:** The prorated Total Tenant Payment

**TYPE:** Numeric

**SIZE:** 5

**COMMENTS:** Gross rent minus prorated HAP

**EDITS:**

- Fatal: • Must be valued if 3s equals 'P' (prorated assistance)
- Fatal: • If valued, 1d must equal 'MR'
- Warning: • If valued, must equal 13p minus 13u, plus or minus 5. If calculation results in a negative number, must equal 0.

**FIELD NUMBER:** 24

**POSITION:** 137-141

**LINE REFERENCE NO:** 13v.

---

**NAME:** **Mixed Family Tenant Rent Indicator**

**DESCRIPTION:** Indicates if the calculation for Mixed Family Tenant Rent results in a positive or negative number

**TYPE:** Alpha

**SIZE:** 1

**COMMENTS:** Use a '+' if the number in 13x is positive; use a '-' if the number in 13x is negative

**EDITS:**

- Fatal: • Must be a '+' or '-' if 13x is valued
- Fatal: • Must be valued if 3s equals 'P' (prorated assistance)
- Fatal: • If valued, 1d must equal 'MR'

**FIELD NUMBER:** 25

**POSITION:** 142

**LINE REFERENCE NO:** 13x.

---

**NAME:** **Mixed Family Tenant Rent**  
**DESCRIPTION:** Tenant Rent based on proration  
**TYPE:** Numeric  
**SIZE:** 5  
**COMMENTS:** Use field 25 to indicate if the number is positive or negative  
**EDITS:** Fatal: • Must be valued if 3s equals 'P' (prorated assistance)  
Fatal: • If valued, must equal 13v minus 13i  
Fatal: • If valued, cannot exceed 2498  
Fatal: • If valued, 1d must equal 'MR'  
**FIELD NUMBER:** 26  
**POSITION:** 143-147  
**LINE REFERENCE NO:** 13x.

---

**NAME:** **Reserved**  
**DESCRIPTION:** Reserved for future use if instructed by HUD  
**TYPE:** Numeric  
**SIZE:** 5  
**COMMENTS:** Submit blanks unless instructed by HUD  
**EDITS:** Warning: Must be blank  
**FIELD NUMBER:** 27  
**POSITION:** 148-152  
**LINE REFERENCE NO:** 13y.

---

<b>NAME:</b>	<b>Prorated HAP to Owner</b>	
DESCRIPTION:	Prorated HA Payment to the owner	
TYPE:	Numeric	
SIZE:	5	
COMMENTS:	Rent to owner less the tenant rent	
EDITS:	Fatal:	<ul style="list-style-type: none"><li>• Must be valued if 3s equals 'P' (prorated assistance)</li><li>• If valued, must equal 13h minus 13x. If calculation results in a negative number, must equal 0. If 13x is negative, put 13h.</li><li>• If valued, 1d must equal 'MR'</li></ul>
FIELD NUMBER:	28	
POSITION:	153-157	
LINE REFERENCE NO:	13z.	

---

**50058 Manufactured Homeowner Record**

<b>NAME:</b>	<b>Section Indicator</b>
DESCRIPTION:	The field indicates this is the beginning of a new section
TYPE:	Numeric
SIZE:	1
COMMENTS:	Use '9' for the section indicator for the Manufactured Homeowner Renting the Space record format
EDITS:	Fatal: Must equal '9'
FIELD NUMBER:	1
POSITION:	1
LINE REFERENCE NO:	n/a

---

<b>NAME:</b>	<b>Record Number</b>
DESCRIPTION:	A sequential number that indicates the record number of the transmission
TYPE:	Numeric
SIZE:	5
COMMENTS:	The number is incremented by 1 for each subsequent record in the transmission.
EDITS:	None
FIELD NUMBER:	2
POSITION:	2-6
LINE REFERENCE NO:	n/a

---

**NAME: Date Unit Last Passed Inspection**

DESCRIPTION: The date the unit last passed inspection

TYPE: Date

SIZE: 8

COMMENTS: MMDDCCYY format

EDITS: Fatal: • Cannot be blank if 14b equals 'Y'

Fatal: • If valued, 1d must equal 'CE'

Fatal: • If valued, must be MMDDCCYY format

FIELD NUMBER: 3

POSITION: 7-14

LINE REFERENCE NO: 5g.

**NAME: Date Unit Last Inspected**

DESCRIPTION: The date the unit was last inspected

TYPE: Date

SIZE: 8

COMMENTS: MMDDCCYY format

EDITS: Fatal: • If valued, 1d must equal 'CE'

Fatal: • If valued, must be MMDDCCYY format

FIELD NUMBER: 4

POSITION: 15-22

LINE REFERENCE NO: 5h.

**NAME: Number of Bedrooms on Certificate**

DESCRIPTION: The number of bedrooms listed on the certificate

TYPE: Numeric

SIZE: 1

COMMENTS: None

EDITS: Fatal: • Range: 0-9

Fatal: • If valued, 1d must equal 'CE'

FIELD NUMBER: • 5

POSITION: 23

LINE REFERENCE NO: 14a.

**NAME:** **Family Moving Into Space Indicator**

**DESCRIPTION:** Indicates that the family is now moving into this space

**TYPE:** Alpha

**SIZE:** 1

**COMMENTS:** Use 'Y' for yes and 'N' for no

**EDITS:**

- Fatal: • If valued, 1d must equal 'CE'
- Fatal: • Must be 'Y' or 'N'
- Fatal: • If 1d equals 'CE' and 2b equals a date equal to or later than 10/01/1999, must be N

**FIELD NUMBER:** 6

**POSITION:** 24

**LINE REFERENCE NO:** 14b.

---

**NAME:** **Portability Indicator**

**DESCRIPTION:** Indicates if this family moved into this HA jurisdiction under portability

**TYPE:** Alpha

**SIZE:** 1

**COMMENTS:** Enter 'Y' if this family moved into this HA jurisdiction under portability

**EDITS:**

- Fatal: • If valued, 1d must equal 'CE'
- Fatal: • If valued, must equal 'Y' when 2a equals '4' (portability move-in)
- Fatal: • If valued, must be 'Y' or 'N'

**FIELD NUMBER:** 7

**POSITION:** 25

**LINE REFERENCE NO:** 14c.

---

**NAME:** **Cost Billed per Month**

**DESCRIPTION:** Monthly amount billed to another HA for this family

**TYPE:** Numeric

**SIZE:** 5

**COMMENTS:** Enter '0' if this HA has absorbed this family into it's own program

**EDITS:** Fatal: 

- If valued, 1d must equal 'CE'
- Must equal zero if 14c (portability) equals 'N'
- Range: 0-3000

**FIELD NUMBER:** 8

**POSITION:** 26-30

**LINE REFERENCE NO:** 14d.

---

**NAME:** **HA Number Billed**

**DESCRIPTION:** Number of HA billed under portability

**TYPE:** Alphanumeric

**SIZE:** 8

**COMMENTS:** Leave blank if portability equals 'N'

**EDITS:** Fatal: 

- If valued, must be 2 letter state code followed by 3 digit number

Fatal: 

- Cannot be blank if 14d (cost billed per month) is greater than zero

Fatal: 

- Must be blank if 14c equals 'N'

Fatal: 

- If valued, 1d must equal 'CE'

**FIELD NUMBER:** 9

**POSITION:** 31-38

**LINE REFERENCE NO:** 14e.

---

**NAME:** **OFTO Indicator**  
**DESCRIPTION:** Indicates whether the housing type is Over FMR Tenancy Option  
**TYPE:** Alpha  
**SIZE:** 1  
**COMMENTS:** Use 'Y' for yes and 'N' for no  
**EDITS:** Fatal: • If valued, 1d must equal 'CE'  
Fatal: • If valued, must be 'Y' or 'N'  
Fatal: • If 1d equals 'CE' and 2b equals a date equal to or later than 10/01/1999, must be N  
**FIELD NUMBER:** 10  
**POSITION:** 39  
**LINE REFERENCE NO:** 14f.

---

**NAME:** **Space Owner Name**  
**DESCRIPTION:** Name of space owner  
**TYPE:** Alphanumeric  
**SIZE:** 35  
**COMMENTS:** None  
**EDITS:** Fatal: • If valued, 1d must equal 'CE'  
**FIELD NUMBER:** 11  
**POSITION:** 40-74  
**LINE REFERENCE NO:** 14g.

---

**NAME:** **Space Owner TIN/SSN**  
**DESCRIPTION:** Tax Identification or Social Security Number of the space owner  
**TYPE:** Alphanumeric  
**SIZE:** 9  
**COMMENTS:** Enter either the TIN or the SSN  
**EDITS:** Fatal: • If valued, 1d must equal 'CE'  
Fatal: • Must be 9 characters  
**FIELD NUMBER:** 12  
**POSITION:** 75-83  
**LINE REFERENCE NO:** 14h.

---



**NAME:** **FMR or Exception Rent**

**DESCRIPTION:** Fair Market Rent or Exception Rent

**TYPE:** Numeric

**SIZE:** 5

**COMMENTS:** Only for voucher, new admission, move or OFTO

**EDITS:**

Fatal:	<ul style="list-style-type: none"> <li>Cannot be blank if 14f equals 'Y', or if 14b (moving to unit) equals 'Y', or if 2a (action) equals '1' (new admission)</li> </ul>
Fatal:	<ul style="list-style-type: none"> <li>If valued, 1d must equal 'CE'</li> </ul>
Fatal:	<ul style="list-style-type: none"> <li>If 1d equals 'CE' and 2b equals a date equal to or later than 10/01/1999, must be blank</li> </ul>

**FIELD NUMBER:** 13

**POSITION:** 84-88

**LINE REFERENCE NO:** 14i.

---

**NAME:** **Furniture Included in Purchase Price Indicator**

**DESCRIPTION:** Indicates whether the furniture was included with the purchase price

**TYPE:** Alpha

**SIZE:** 1

**COMMENTS:** Use 'Y' for yes and 'N' for no

**EDITS:**

Fatal:	<ul style="list-style-type: none"> <li>If valued, 1d must equal 'CE'</li> </ul>
Fatal:	<ul style="list-style-type: none"> <li>If valued, must be 'Y' or 'N'</li> </ul>

**FIELD NUMBER:** 14

**POSITION:** 89

**LINE REFERENCE NO:** 14j.

---

**NAME: Monthly Amortization Payment**

**DESCRIPTION:** Monthly amount paid for principal and interest to amortize the purchase price of the manufactured home

**TYPE:** Numeric

**SIZE:** 5

**COMMENTS:** If there is no monthly amortization payment, enter 0; use whole numbers

**EDITS:** Fatal: • If valued, 1d must equal 'CE'

Fatal: • Range: 0-2000

**FIELD NUMBER:** 15

**POSITION:** 90-94

**LINE REFERENCE NO:** 14k.

---

**NAME: Deduction**

**DESCRIPTION:** 15% of Monthly Amortization Payment if furniture was included in the purchase price

**TYPE:** Numeric

**SIZE:** 5

**COMMENTS:** If furniture was not included in the purchase price, put 0; Use whole numbers

**EDITS:** Fatal: • If valued, 1d must equal 'CE'

Warning: • If 14j is 'Y', must equal 14k X .15

Warning: • If 14j is 'N', must equal 0

**FIELD NUMBER:** 16

**POSITION:** 95-99

**LINE REFERENCE NO:** 14m.

---

**NAME:** **Adjusted Amortization**  
**DESCRIPTION:** Amount of the adjusted amortization  
**TYPE:** Numeric  
**SIZE:** 5  
**COMMENTS:** Monthly amortization payment minus the deduction  
**EDITS:** Fatal: • If valued, 1d must equal 'CE'  
Fatal: • If valued, must equal 14k minus 14m. If calculation results in a negative number, must equal 0.  
**FIELD NUMBER:** 17  
**POSITION:** 100-104  
**LINE REFERENCE NO:** 14n.

---

**NAME:** **Utility Allowance**  
**DESCRIPTION:** The allowance for utilities  
**TYPE:** Numeric  
**SIZE:** 3  
**COMMENTS:** Use whole numbers; If none enter 0  
**EDITS:** Fatal: • If valued, 1d must equal 'CE'  
Fatal: • Range: 0-400  
**FIELD NUMBER:** 18  
**POSITION:** 105-107  
**LINE REFERENCE NO:** 14p.

---

**NAME:** **Rent to Owner (Space Rent)**

**DESCRIPTION:** Monthly rent payable to owner specified in the HAP contract

**TYPE:** Numeric

**SIZE:** 5

**COMMENTS:** Includes required fees and charges for all maintenance and management services, but excludes ongoing utility charges

**EDITS:** Fatal: • Range: 1-2000  
Fatal: • If valued, 1d must equal 'CE'

**FIELD NUMBER:** 19

**POSITION:** 108-112

**LINE REFERENCE NO:** 14q.

---

**NAME:** **Gross Rent**

**DESCRIPTION:** The rent to owner plus the utility allowance plus adjusted amortization

**TYPE:** Numeric

**SIZE:** 5

**COMMENTS:** Use whole numbers

**EDITS:** Fatal: • If valued, must equal sum of lines 14n, 14p, and 14q  
Fatal: • If valued, 1d must equal 'CE'

**FIELD NUMBER:** 20

**POSITION:** 113-117

**LINE REFERENCE NO:** 14r.

---

**NAME:** **Gross Rent minus TTP**

**DESCRIPTION:** The gross rent minus the TTP

**TYPE:** Numeric

**SIZE:** 5

**COMMENTS:** Use whole numbers

**EDITS:** Fatal: • If valued, must equal 14r minus 9j if 1d equals 'CE'. If calculation results in a negative number, must equal 0.  
Fatal: • If valued, 1d must equal 'CE'

**FIELD NUMBER:** 21

**POSITION:** 118-122

**LINE REFERENCE NO:** 14t.

---

**NAME: Reserved**

DESCRIPTION: Reserved for future use if instructed by HUD

TYPE: Numeric

SIZE: 5

COMMENTS: Submit blanks unless instructed by HUD

EDITS: Warning: • Must be blank

FIELD NUMBER: 22

POSITION: 123-127

LINE REFERENCE NO: 14u.

**NAME: HAP to Owner**

DESCRIPTION: HAP payment to the owner

TYPE: Numeric

SIZE: 5

COMMENTS: Different for certificate, voucher, and OFTO; See Instruction Booklet

EDITS: Fatal: • If valued, 1d must equal 'CE'

FIELD NUMBER: 23

POSITION: 128-132

LINE REFERENCE NO: 14v.

**NAME: Tenant Rent**

DESCRIPTION: The tenant rent

TYPE: Numeric

SIZE: 5

COMMENTS: Must equal Rent to Owner minus HAP to Owner

EDITS: Fatal: • Must be valued unless 3s equals 'P'

Fatal: • If valued, must equal line 14q minus 14v, plus or minus 5. If calculation results in a negative number, must equal 0.

Fatal: • If valued, 1d must equal 'CE'

FIELD NUMBER: 24

POSITION: 133-137

LINE REFERENCE NO: 14w.

**NAME: Reserved**

DESCRIPTION: Reserved for future use if instructed by HUD

TYPE: Numeric

SIZE: 5

COMMENTS: Submit blanks unless instructed by HUD

EDITS: Warning: Must be blank

FIELD NUMBER: 25

POSITION: 138-142

LINE REFERENCE NO: 14x.

**NAME: Total Number Eligible**

DESCRIPTION: Total number of members of the family eligible for subsidy

TYPE: Numeric

SIZE: 2

COMMENTS: Include family members with citizenship status 'EC', for eligible citizen, or 'EN', for eligible noncitizen, and 'PV', for pending verification.

EDITS: Fatal: • Must be valued if 3s equals 'P' (prorated assistance)

Fatal: • If valued, must equal total of Family Members (3h equals 'H', 'S', 'Y', 'E', 'K', or 'A') who have citizenship codes (3i) of 'EC', 'EN', or 'PV'

Fatal: • If valued, 1d must equal 'CE'

FIELD NUMBER: 26

POSITION: 143-144

LINE REFERENCE NO: 14aa.

<b>NAME:</b>	<b>Total Number in Family</b>
DESCRIPTION:	Total number of members of the family
TYPE:	Numeric
SIZE:	2
COMMENTS:	Total the number of members of the family
EDITS:	Fatal: • Must be valued if 3s equals 'P' (prorated assistance) Fatal: • If valued, must equal the sum of family members (3h equals 'H', 'S', 'Y', 'E', 'K', or 'A') Fatal: • If valued, 1d must equal 'CE'
FIELD NUMBER:	27
POSITION:	145-146
LINE REFERENCE NO:	14ab.

---

<b>NAME:</b>	<b>Proration Percentage</b>
DESCRIPTION:	The percent of the family eligible for subsidy
TYPE:	Numeric
SIZE:	2
COMMENTS:	Use an integer
EDITS:	Fatal: • Must be valued if 3s equals 'P' (prorated assistance) Fatal: • If valued, must equal 14aa divided by 14ab multiplied by 100 Fatal: • If valued, 1d must equal 'CE'
FIELD NUMBER:	28
POSITION:	147-148
LINE REFERENCE NO:	14ac.

---

**NAME:** **Prorated HAP to Owner**  
**DESCRIPTION:** The prorated HA Payment  
**TYPE:** Numeric  
**SIZE:** 5  
**COMMENTS:** Product of HAP to Owner and the proration fraction  
**EDITS:** Fatal: • Must be valued if 3s equals 'P' (prorated assistance)  
Fatal: • If valued, must equal the product of 14v and 14ac divided by 100  
Fatal: • If valued, 1d must equal 'CE'  
**FIELD NUMBER:** 29  
**POSITION:** 149-153  
**LINE REFERENCE NO:** 14ad.

---

**NAME:** **Mixed Family TTP**  
**DESCRIPTION:** The prorated Total Tenant Payment  
**TYPE:** Numeric  
**SIZE:** 5  
**COMMENTS:** Gross rent minus prorated HAP  
**EDITS:** Fatal: • If valued, must equal 14r minus 14ad, plus or minus 5. If calculation results in a negative number, must equal 0.  
Fatal: • Must be valued if 3s equals 'P' (prorated assistance)  
Fatal: • If valued, 1d must equal 'CE'  
**FIELD NUMBER:** 30  
**POSITION:** 154-158  
**LINE REFERENCE NO:** 14ae.

---



NAME:	<b>Mixed Family Tenant Rent</b>
DESCRIPTION:	Tenant Rent based on proration
TYPE:	Numeric
SIZE:	5
COMMENTS:	Prorated TTP minus Utility Allowance
EDITS:	Fatal: • Must be valued if 3s equals 'P' (prorated assistance)
	Fatal: • If valued, must equal 14q minus 14ad. If calculation results in a negative number, must equal 0.
	Fatal: • If valued, cannot exceed 2498
	Fatal: • If valued, 1d must equal 'CE'
FIELD NUMBER:	31
POSITION:	159-163
LINE REFERENCE NO:	14ag.

---

**50058 FSS Addendum Record Format****NAME: Section Indicator**

DESCRIPTION: The field indicates this is the beginning of a new section

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'F' for the section indicator for the FSS Addendum record format

EDITS: Fatal: Must equal 'F'

FIELD NUMBER: 1

POSITION: 1

LINE REFERENCE NO: n/a

---

**NAME: Record Number**

DESCRIPTION: A sequential number that indicates the record number of the transmission

TYPE: Numeric

SIZE: 5

COMMENTS: The number is incremented by 1 for each subsequent record in the transmission.

EDITS: None

FIELD NUMBER: 2

POSITION: 2-6

LINE REFERENCE NO: n/a

---

---

<b>NAME:</b>	<b>Category Enrollment Report Indicator</b>								
<b>DESCRIPTION:</b>	Indicates whether this is an enrollment report								
<b>TYPE:</b>	Alpha								
<b>SIZE:</b>	1								
<b>COMMENTS:</b>	Use 'Y' for yes and 'N' for no								
<b>EDITS:</b>	<table><tr><td>Fatal:</td><td>• Must be 'Y' or 'N'</td></tr><tr><td>Fatal:</td><td>• Must be valued if 2a equals '8'</td></tr><tr><td>Fatal:</td><td>• If valued 'Y', then Progress Report must be valued 'N' and Exit Report must be valued 'N'</td></tr><tr><td>Warning:</td><td>• Should not be valued 'Y' if an FSS Enrollment or FSS Progress Report already exists in MTCS database</td></tr></table>	Fatal:	• Must be 'Y' or 'N'	Fatal:	• Must be valued if 2a equals '8'	Fatal:	• If valued 'Y', then Progress Report must be valued 'N' and Exit Report must be valued 'N'	Warning:	• Should not be valued 'Y' if an FSS Enrollment or FSS Progress Report already exists in MTCS database
Fatal:	• Must be 'Y' or 'N'								
Fatal:	• Must be valued if 2a equals '8'								
Fatal:	• If valued 'Y', then Progress Report must be valued 'N' and Exit Report must be valued 'N'								
Warning:	• Should not be valued 'Y' if an FSS Enrollment or FSS Progress Report already exists in MTCS database								
<b>FIELD NUMBER:</b>	3								
<b>POSITION:</b>	7								
<b>LINE REFERENCE NO:</b>	16a.								

---

---

<b>NAME:</b>	<b>Category Progress Report Indicator</b>								
<b>DESCRIPTION:</b>	Indicates whether this is an FSS progress report								
<b>TYPE:</b>	Alpha								
<b>SIZE:</b>	1								
<b>COMMENTS:</b>	Use 'Y' for yes and 'N' for no								
<b>EDITS:</b>	<table><tr><td>Fatal:</td><td>• Must be 'Y' or 'N'</td></tr><tr><td>Fatal:</td><td>• Must be valued 'N' if 2a equals '8'</td></tr><tr><td>Fatal:</td><td>• If valued 'Y', then Enrollment Report must be valued 'N' and Exit Report must be valued 'N'</td></tr><tr><td>Warning:</td><td>• Should not be valued 'Y' if an FSS Exit Report already exists in MTCS database</td></tr></table>	Fatal:	• Must be 'Y' or 'N'	Fatal:	• Must be valued 'N' if 2a equals '8'	Fatal:	• If valued 'Y', then Enrollment Report must be valued 'N' and Exit Report must be valued 'N'	Warning:	• Should not be valued 'Y' if an FSS Exit Report already exists in MTCS database
Fatal:	• Must be 'Y' or 'N'								
Fatal:	• Must be valued 'N' if 2a equals '8'								
Fatal:	• If valued 'Y', then Enrollment Report must be valued 'N' and Exit Report must be valued 'N'								
Warning:	• Should not be valued 'Y' if an FSS Exit Report already exists in MTCS database								
<b>FIELD NUMBER:</b>	4								
<b>POSITION:</b>	8								
<b>LINE REFERENCE NO:</b>	16a.								

---

---

<b>NAME:</b>	<b>Category Exit Report Indicator</b>
DESCRIPTION:	Indicates whether this is an exit report
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no
EDITS:	Fatal: <ul style="list-style-type: none"><li>• Must be 'Y' or 'N'</li></ul>
	Fatal: <ul style="list-style-type: none"><li>• Must be valued if 2a equals '8'</li></ul>
	Fatal: <ul style="list-style-type: none"><li>• If valued 'Y', then Enrollment Report must be valued 'N' and Progress Report must be valued 'N'</li></ul>
	Warning: <ul style="list-style-type: none"><li>• Should not be valued 'Y' if an FSS Exit Report already exists in MTCS database</li></ul>
FIELD NUMBER:	5
POSITION:	9
LINE REFERENCE NO:	16a.

---

---

<b>NAME:</b>	<b>Family Received Selection Preference - JTPA Indicator</b>
DESCRIPTION:	Indicates whether the family received selection preference because of JTPA participation
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no
EDITS:	Fatal: <ul style="list-style-type: none"><li>• If valued, must be 'Y' or 'N'</li></ul>
	Warning: <ul style="list-style-type: none"><li>• If valued 'Y', the Other category of 16b(1) must be valued 'N' and the None category must be valued 'N'</li></ul>
	<ul style="list-style-type: none"><li>• Must be valued if 16a equals 'Y' for Enrollment Report</li></ul>
	Warning:
FIELD NUMBER:	6
POSITION:	10
LINE REFERENCE NO:	16b(1).

---

NAME:	Family Received Selection Preference - Other Indicator		
DESCRIPTION:	Indicates whether the family received selection preference because of other program participation		
TYPE:	Alpha		
SIZE:	1		
COMMENTS:	Use 'Y for yes and 'N' for no		
EDITS:	Fatal:	<ul style="list-style-type: none"><li>• If valued, must be 'Y' or 'N'</li></ul>	
	Warning:	<ul style="list-style-type: none"><li>• If valued 'Y', the JTPA category of 16b(1) must be valued 'N' and None category must be valued 'N'</li></ul>	
	Warning:	<ul style="list-style-type: none"><li>• Must be valued if 16a for Enrollment Report equals 'Y'</li></ul>	
FIELD NUMBER:	7		
POSITION:	11		
LINE REFERENCE NO:	16b(1).		

NAME:	Family Did Not Receive Selection Preference - None Indicator		
DESCRIPTION:	Indicates if the family did not receive selection preference		
TYPE:	Alpha		
SIZE:	1		
COMMENTS:	Use 'Y' for yes and 'N' for no		
EDITS:	Fatal:	<ul style="list-style-type: none"><li>• If valued, must be 'Y' or 'N'</li></ul>	
	Warning:	<ul style="list-style-type: none"><li>• If valued 'Y', the JTPA category of 16b(1) must be valued 'N' and Other category must be valued 'N'</li></ul>	
	Warning:	<ul style="list-style-type: none"><li>• Must be valued if 16a for Enrollment Report equals 'Y'</li></ul>	
FIELD NUMBER:	8		
POSITION:	12		
LINE REFERENCE NO:	16b(1).		

**NAME:** **Not Employed Indicator**

**DESCRIPTION:** Indicates whether the head of household is currently not employed

**TYPE:** Alpha

**SIZE:** 1

**COMMENTS:** Use 'Y for yes and 'N' for no; State the employment status at the time the FSS Addendum is being completed

**EDITS:**

- Fatal: • Must be 'Y' or 'N'
- Warning: • If 'Y', the Full Time and Part Time indicator of 16b(2) must be 'N'
- Warning: • Must be valued if 2a equals '8'

**FIELD NUMBER:** 9

**POSITION:** 13

**LINE REFERENCE NO:** 16b(2).

---

**NAME:** **Employed Full Time Indicator**

**DESCRIPTION:** Indicates whether the head of household is currently employed on a full time basis (32 hours per week or more)

**TYPE:** Alpha

**SIZE:** 1

**COMMENTS:** Use 'Y for yes and 'N' for no; State the employment status at the time the FSS Addendum is being completed

**EDITS:**

- Fatal: • Must be 'Y' or 'N'
- Warning: • If 'Y', the Not Employed and Part Time indicator of 16b(2) must be 'N'
- Warning: • Must be valued if 2a equals '8'

**FIELD NUMBER:** 10

**POSITION:** 14

**LINE REFERENCE NO:** 16b(2).

---

<b>NAME:</b>	<b>Employed Part Time Indicator</b>
DESCRIPTION:	Indicates whether the head of household is currently employed on a part time basis
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no; State the employment status at the time the FSS Addendum is being completed
EDITS:	Fatal: <ul style="list-style-type: none"><li>• Must be 'Y' or 'N'</li></ul>
	Warning: <ul style="list-style-type: none"><li>• If 'Y', the Not Employed and Full Time indicator of 16b(2) must be 'N'</li></ul>
	Warning: <ul style="list-style-type: none"><li>• Must be valued if 2a equals '8'</li></ul>
FIELD NUMBER:	11
POSITION:	15
LINE REFERENCE NO:	16b(2).

---

<b>NAME:</b>	<b>Years of School Completed by Head of Household</b>
DESCRIPTION:	The highest grade of education or years of formal schooling the head of household completed.
TYPE:	Numeric
SIZE:	2
COMMENTS:	The total number of years of formal education received
EDITS:	Warning: <ul style="list-style-type: none"><li>• Range: 0-25</li></ul>
	Warning: <ul style="list-style-type: none"><li>• Must be valued if 2a equals '8'</li></ul>
FIELD NUMBER:	12
POSITION:	16-17
LINE REFERENCE NO:	16b(3).

---

**NAME: Family Currently Receiving Food Stamps Indicator**

DESCRIPTION: Indicates whether the family is receiving food stamps

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no

EDITS: Fatal: • Must be 'Y' or 'N'

Warning: • Must be valued if 2a equals '8'

FIELD NUMBER: 13

POSITION: 18

LINE REFERENCE NO: 16b(4).

**NAME: Family Currently Receiving Medicaid Indicator**

DESCRIPTION: Indicates whether the family is receiving Medicaid

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no

EDITS: Fatal: • Must be 'Y' or 'N'

Warning: • Must be valued if 2a equals '8'

FIELD NUMBER: 14

POSITION: 19

LINE REFERENCE NO: 16b(4).

**NAME: Family Currently Receiving JTPA Indicator**

DESCRIPTION: Indicates whether the family is receiving JTPA services

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no

EDITS: Fatal: • Must be 'Y' or 'N'

Warning: • Must be valued if 2a equals '8'

FIELD NUMBER: 15

POSITION: 20

LINE REFERENCE NO: 16b(5).



**NAME: Initial Start Date of Contract of Participation**

DESCRIPTION: Beginning of the contract of participation

TYPE: Date

SIZE: 6

COMMENTS: Use MMCCYY format

EDITS: Fatal: • If valued, must be MMCCYY format

Warning: • Must be valued if 2a equals '8'

FIELD NUMBER: 16

POSITION: 21-26

LINE REFERENCE NO: 16c(1).

**NAME: Initial End Date of Contract of Participation**

DESCRIPTION: The original end date of the contract of participation

TYPE: Date

SIZE: 6

COMMENTS: Use MMCCYY format

EDITS: Fatal: • If valued, must be MMCCYY format

Warning: • Must be valued if 2a equals '8'

FIELD NUMBER: 17

POSITION: 27-32

LINE REFERENCE NO: 16c(2).

<b>NAME:</b>	<b>Contract Extension Date</b>
DESCRIPTION:	Date through which the FSS contract was extended
TYPE:	Date
SIZE:	6
COMMENTS:	Use MMCCYY format
EDITS:	Fatal: • If valued, must be MMCCYY format
FIELD NUMBER:	18
POSITION:	33-38
LINE REFERENCE NO:	16c(3).

---

<b>NAME:</b>	<b>Number of Family Members with Individual Training and Services Plan</b>
DESCRIPTION:	The number of family members with individual training and services plan
TYPE:	Numeric
SIZE:	2
COMMENTS:	Must be numeric
EDITS:	Warning: • Range: 1-99
	Warning: • Must be valued if 2a equals '8'
FIELD NUMBER:	19
POSITION:	39-40
LINE REFERENCE NO:	16c(4).

---

**NAME:** **Current FSS Account Monthly Credit**  
**DESCRIPTION:** The current FSS account monthly credit  
**TYPE:** Numeric  
**SIZE:** 5  
**COMMENTS:**

- Use whole numbers
- If none, put 0
- If different from previous FSS, 2a cannot be valued '8'

**EDITS:** Warning: Must be valued if 2a equals '8'  
**FIELD NUMBER:** 20  
**POSITION:** 41-45  
**LINE REFERENCE NO:** 16d(1).

---

**NAME:** **Current FSS Account Balance**  
**DESCRIPTION:** The current FSS account balance  
**TYPE:** Numeric  
**SIZE:** 5  
**COMMENTS:**

- Use whole numbers
- If none, put 0
- If different from previous FSS, 2a cannot be valued '8'

**EDITS:** Warning: Must be valued if 2a equals '8'  
**FIELD NUMBER:** 21  
**POSITION:** 46-50  
**LINE REFERENCE NO:** 16d(2).

---

**NAME:** **Current FSS Amount Disbursed to the Family**  
**DESCRIPTION:** The current FSS amount disbursed to the family  
**TYPE:** Numeric  
**SIZE:** 5  
**COMMENTS:** Use whole numbers; If none, put 0  
**EDITS:** Warning: Must be valued if 2a equals '8'  
**FIELD NUMBER:** 22  
**POSITION:** 51-55  
**LINE REFERENCE NO:** 16d(3).

---

**NAME: GED Needs Indicator**

DESCRIPTION: Indicates if the contract identified that this service is needed

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no

EDITS: Fatal: • Must be 'Y' or 'N'

Warning: • Must be valued if 2a equals '8'

FIELD NUMBER: 23

POSITION: 56

LINE REFERENCE NO: 16e(a).

**NAME: High School Needs Indicator**

DESCRIPTION: Indicates if the contract identified that this service is needed

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no

EDITS: Fatal: • Must be 'Y' or 'N'

Warning: • Must be valued if 2a equals '8'

FIELD NUMBER: 24

POSITION: 57

LINE REFERENCE NO: 16e(a).

**NAME: Post Secondary Needs Indicator**

DESCRIPTION: Indicates if the contract identified that this service is needed

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no

EDITS: Fatal: • Must be 'Y' or 'N'

Warning: • Must be valued if 2a equals '8'

FIELD NUMBER: 25

POSITION: 58

LINE REFERENCE NO: 16e(a).

**NAME:** Vocational/Job Training Needs Indicator

**DESCRIPTION:** Indicates if the contract identified that this service is needed

**TYPE:** Alpha

**SIZE:** 1

**COMMENTS:** Use 'Y' for yes and 'N' for no

**EDITS:** Fatal: • Must be 'Y' or 'N'

Warning: • Must be valued if 2a equals '8'

**FIELD NUMBER:** 26

**POSITION:** 59

**LINE REFERENCE NO:** 16e(a).

---

**NAME:** Job Search/Job Placement Needs Indicator

**DESCRIPTION:** Indicates if the contract identified that this service is needed

**TYPE:** Alpha

**SIZE:** 1

**COMMENTS:** Use 'Y' for yes and 'N' for no

**EDITS:** Fatal: • Must be 'Y' or 'N'

Warning: • Must be valued if 2a equals '8'

**FIELD NUMBER:** 27

**POSITION:** 60

**LINE REFERENCE NO:** 16e(a).

---

**NAME:** Transportation Needs Indicator

**DESCRIPTION:** Indicates if the contract identified that this service is needed

**TYPE:** Alpha

**SIZE:** 1

**COMMENTS:** Use 'Y' for yes and 'N' for no

**EDITS:** Fatal: • Must be 'Y' or 'N'

Warning: • Must be valued if 2a equals '8'

**FIELD NUMBER:** 28

**POSITION:** 61

**LINE REFERENCE NO:** 16e(a).

---

**NAME:** **Health Services Needs Indicator**  
**DESCRIPTION:** Indicates if the contract identified that this service is needed  
**TYPE:** Alpha  
**SIZE:** 1  
**COMMENTS:** Use 'Y' for yes and 'N' for no  
**EDITS:** Fatal: • Must be 'Y' or 'N'  
Warning: • Must be valued if 2a equals '8'  
**FIELD NUMBER:** 29  
**POSITION:** 62  
**LINE REFERENCE NO:** 16e(a).

---

**NAME:** **Child Care Needs Number**  
**DESCRIPTION:** Indicates if the contract identified that this service is needed  
**TYPE:** Numeric  
**SIZE:** 1  
**COMMENTS:** If no need identified, put 0  
**EDITS:** Warning: Must be valued if 2a equals '8'  
**FIELD NUMBER:** 30  
**POSITION:** 63  
**LINE REFERENCE NO:** 16e(a).

---

**NAME:** **GED Needs Met through FSS**  
**DESCRIPTION:** Indicates if the needs were met through FSS  
**TYPE:** Alpha  
**SIZE:** 1  
**COMMENTS:** Use 'Y' for yes and 'N' for no  
**EDITS:** Fatal: • Must be 'Y' or 'N'  
Warning: • Must be valued if 2a equals '8'  
**FIELD NUMBER:** 31  
**POSITION:** 64  
**LINE REFERENCE NO:** 16e(b).

---

**NAME:** **High School Needs Met through FSS**  
**DESCRIPTION:** Indicates if the needs were met through FSS  
**TYPE:** Alpha  
**SIZE:** 1  
**COMMENTS:** Use 'Y' for yes and 'N' for no  
**EDITS:** Fatal: • Must be 'Y' or 'N'  
Warning: • Must be valued if 2a equals '8'  
**FIELD NUMBER:** 32  
**POSITION:** 65  
**LINE REFERENCE NO:** 16e(b).

---

**NAME:** **Post Secondary Needs Met through FSS**  
**DESCRIPTION:** Indicates if the needs were met through FSS  
**TYPE:** Alpha  
**SIZE:** 1  
**COMMENTS:** Use 'Y' for yes and 'N' for no  
**EDITS:** Fatal: • Must be 'Y' or 'N'  
Warning: • Must be valued if 2a equals '8'  
**FIELD NUMBER:** 33  
**POSITION:** 66  
**LINE REFERENCE NO:** 16e(b).

---

**NAME:** **Vocational/Job Training Needs Met through FSS**  
**DESCRIPTION:** Indicates if the needs were met through FSS  
**TYPE:** Alpha  
**SIZE:** 1  
**COMMENTS:** Use 'Y' for yes and 'N' for no  
**EDITS:** Fatal: • Must be 'Y' or 'N'  
Warning: • Must be valued if 2a equals '8'  
**FIELD NUMBER:** 34  
**POSITION:** 67  
**LINE REFERENCE NO:** 16e(b).

---

**NAME: Job Search/Job Placement Needs Met through FSS**

DESCRIPTION: Indicates if the needs were met through FSS

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no

EDITS: Fatal: • Must be 'Y' or 'N'

Warning: • Must be valued if 2a equals '8'

FIELD NUMBER: 35

POSITION: 68

LINE REFERENCE NO: 16e(b).

**NAME: Transportation Needs Met through FSS**

DESCRIPTION: Indicates if the needs were met through FSS

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no

EDITS: Fatal: • Must be 'Y' or 'N'

Warning: • Must be valued if 2a equals '8'

FIELD NUMBER: 36

POSITION: 69

LINE REFERENCE NO: 16e(b).

**NAME: Health Services Needs Met through FSS**

DESCRIPTION: Indicates if the needs were met through FSS

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no

EDITS: Fatal: • Must be 'Y' or 'N'

Warning: • Must be valued if 2a equals '8'

FIELD NUMBER: 37

POSITION: 70

LINE REFERENCE NO: 16e(b).



**NAME:** **Child Care Needs Met through FSS**  
**DESCRIPTION:** Indicates if the needs were met through FSS  
**TYPE:** Numeric  
**SIZE:** 1  
**COMMENTS:** If no needs were met or if no services required, enter 0  
**EDITS:** Warning: Must be valued if 2a equals '8'  
**FIELD NUMBER:** 38  
**POSITION:** 71  
**LINE REFERENCE NO:** 16e(b).

---

**NAME:** **GED Needs Met by Others Indicator**  
**DESCRIPTION:** Indicates if the needs were met outside of FSS  
**TYPE:** Alpha  
**SIZE:** 1  
**COMMENTS:** Use 'Y' for yes and 'N' for no  
**EDITS:** Fatal: • Must be 'Y' or 'N'  
Warning: • Must be valued if 2a equals '8'  
**FIELD NUMBER:** 39  
**POSITION:** 72  
**LINE REFERENCE NO:** 16e (c).

---

**NAME:** **High School Needs Met by Others Indicator**  
**DESCRIPTION:** Indicates if the needs were met outside of FSS  
**TYPE:** Alpha  
**SIZE:** 1  
**COMMENTS:** Use 'Y' for yes and 'N' for no  
**EDITS:** Fatal: • Must be 'Y' or 'N'  
Warning: • Must be valued if 2a equals '8'  
**FIELD NUMBER:** 40  
**POSITION:** 73  
**LINE REFERENCE NO:** 16e (c).

---

**NAME: Post Secondary Needs Met by Others Indicator**

DESCRIPTION: Indicates if the needs were met outside of FSS

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no

EDITS: Fatal: • Must be 'Y' or 'N'

Warning: • Must be valued if 2a equals '8'

FIELD NUMBER: 41

POSITION: 74

LINE REFERENCE NO: 16e (c).

**NAME: Vocational/Job Training Needs Met by Others Indicator**

DESCRIPTION: Indicates if the needs were met outside of FSS

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no

EDITS: Fatal: • Must be 'Y' or 'N'

Warning: • Must be valued if 2a equals '8'

FIELD NUMBER: 42

POSITION: 75

LINE REFERENCE NO: 16e (c).

**NAME: Job Search/Job Placement Needs Met by Others Indicator**

DESCRIPTION: Indicates if the needs were met outside of FSS

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no

EDITS: Fatal: • Must be 'Y' or 'N'

Warning: • Must be valued if 2a equals '8'

FIELD NUMBER: 43

POSITION: 76

LINE REFERENCE NO: 16e (c).

**NAME: Transportation Needs Met by Others Indicator**

DESCRIPTION: Indicates if the needs were met outside of FSS

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no

EDITS: Fatal: • Must be 'Y' or 'N'

Warning: • Must be valued if 2a equals '8'

FIELD NUMBER: 44

POSITION: 77

LINE REFERENCE NO: 16e (c).

**NAME: Health Services Needs Met by Others Indicator**

DESCRIPTION: Indicates if the needs were met outside of FSS

TYPE: Alpha

SIZE: 1

COMMENTS: Use 'Y' for yes and 'N' for no

EDITS: Fatal: • Must be 'Y' or 'N'

Warning: • Must be valued if 2a equals '8'

FIELD NUMBER: 45

POSITION: 78

LINE REFERENCE NO: 16e (c).

**NAME: Child Care Needs Met by Others Indicator**

DESCRIPTION: Indicates if the needs were met outside of FSS

TYPE: Numeric

SIZE: 1

COMMENTS: If no needs were met, enter 0

EDITS: Warning: Must be valued if 2a equals '8'

FIELD NUMBER: 46

POSITION: 79

LINE REFERENCE NO: 16e (c).

<b>NAME:</b>	<b>Completed Contract Participation Indicator</b>	
<b>DESCRIPTION:</b>	Indicates if the family exited the program because of contract completion	
<b>TYPE:</b>	Alpha	
<b>SIZE:</b>	1	
<b>COMMENTS:</b>	Use 'Y' for yes and 'N' for no	
<b>EDITS:</b>	Fatal:	<ul style="list-style-type: none"><li>• If valued, must be 'Y' or 'N'</li></ul>
	Warning:	<ul style="list-style-type: none"><li>• If valued 'Y', the following must be valued 'N': Left voluntarily, Asked to leave program, Left because essential service was unavailable, Contract expired but family did not fulfill obligations</li></ul>
	Warning:	<ul style="list-style-type: none"><li>• Must be valued if 16a equals 'Y' for Exit report</li></ul>
<b>FIELD NUMBER:</b>	47	
<b>POSITION:</b>	80	
<b>LINE REFERENCE NO:</b>	16f. (1)	

---

<b>NAME:</b>	<b>Left Because Family Moving to Homeownership Indicator</b>	
<b>DESCRIPTION:</b>	Indicates if the family exited the program because moving to homeownership	
<b>TYPE:</b>	Alpha	
<b>SIZE:</b>	1	
<b>COMMENTS:</b>	Use 'Y' for yes and 'N' for no	
<b>EDITS:</b>	Fatal:	<ul style="list-style-type: none"><li>• If valued, must be 'Y' or 'N'</li></ul>
	Warning:	<ul style="list-style-type: none"><li>• If valued 'Y', Completed contract of Participation must be valued 'Y' and the following must be valued 'N': Left voluntarily, Asked to leave program, Left because essential service was unavailable, Contract expired but family did not fulfill obligations</li></ul>
	Warning:	<ul style="list-style-type: none"><li>• Must be valued if 16a equals 'Y' for Exit report</li></ul>
<b>FIELD NUMBER:</b>	48	
<b>POSITION:</b>	81	
<b>LINE REFERENCE NO:</b>	16f. (2)	

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<b>NAME:</b>	<b>Left the FSS Program Voluntarily Indicator</b>
DESCRIPTION:	Indicates if the family exited the program voluntarily
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no
EDITS:	Fatal: <ul style="list-style-type: none"><li>• If valued, must be 'Y' or 'N'</li></ul>
	Warning: <ul style="list-style-type: none"><li>• If valued 'Y', the following must be valued 'N': Completed contract of Participation, Moving to homeownership, Asked to leave program, Left because essential service was unavailable, Contract expired but family did not fulfill obligations</li><li>• Must be valued if 16a equals 'Y' for Exit report</li></ul>
	Warning:
FIELD NUMBER:	49
POSITION:	82
LINE REFERENCE NO:	16f. (3)

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<b>NAME:</b>	<b>Asked to Leave the Program Indicator</b>
DESCRIPTION:	Indicates if the family was asked to leave the program
TYPE:	Alpha
SIZE:	1
COMMENTS:	Use 'Y' for yes and 'N' for no
EDITS:	Fatal: <ul style="list-style-type: none"><li>• If valued, must be 'Y' or 'N'</li></ul>
	Warning: <ul style="list-style-type: none"><li>• If valued 'Y', the following must be valued 'N': Completed contract of Participation, Moving to homeownership, Left voluntarily, Left because essential service was unavailable, Contract expired but family did not fulfill obligations</li></ul>
	Warning: <ul style="list-style-type: none"><li>• Must be valued if 16a equals 'Y' for Exit report</li></ul>
FIELD NUMBER:	50
POSITION:	83
LINE REFERENCE NO:	16f. (3)

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<b>NAME:</b>	<b>Left Because Essential Service was Unavailable Indicator</b>						
<b>DESCRIPTION:</b>	Indicates if the family left because essential service was unavailable						
<b>TYPE:</b>	Alpha						
<b>SIZE:</b>	1						
<b>COMMENTS:</b>	Use 'Y' for yes and 'N' for no						
<b>EDITS:</b>	<table><tr><td>Fatal:</td><td><ul style="list-style-type: none"><li>• If valued, must be 'Y' or 'N'</li></ul></td></tr><tr><td>Warning:</td><td><ul style="list-style-type: none"><li>• If valued 'Y', the following must be valued 'N': Completed contract of participation, Moving to homeownership, Left voluntarily, Asked to leave program, Contract expired but family did not fulfill obligations</li></ul></td></tr><tr><td>Warning:</td><td><ul style="list-style-type: none"><li>• Must be valued if 16a equals 'Y' for Exit report</li></ul></td></tr></table>	Fatal:	<ul style="list-style-type: none"><li>• If valued, must be 'Y' or 'N'</li></ul>	Warning:	<ul style="list-style-type: none"><li>• If valued 'Y', the following must be valued 'N': Completed contract of participation, Moving to homeownership, Left voluntarily, Asked to leave program, Contract expired but family did not fulfill obligations</li></ul>	Warning:	<ul style="list-style-type: none"><li>• Must be valued if 16a equals 'Y' for Exit report</li></ul>
Fatal:	<ul style="list-style-type: none"><li>• If valued, must be 'Y' or 'N'</li></ul>						
Warning:	<ul style="list-style-type: none"><li>• If valued 'Y', the following must be valued 'N': Completed contract of participation, Moving to homeownership, Left voluntarily, Asked to leave program, Contract expired but family did not fulfill obligations</li></ul>						
Warning:	<ul style="list-style-type: none"><li>• Must be valued if 16a equals 'Y' for Exit report</li></ul>						
<b>FIELD NUMBER:</b>	51						
<b>POSITION:</b>	84						
<b>LINE REFERENCE NO:</b>	16f. (3)						

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<b>NAME:</b>	<b>Contract Expired but Family did not Fulfill Obligations Indicator</b>						
<b>DESCRIPTION:</b>	Indicates if the family exited the program because the contract expired but family did not fulfill obligations						
<b>TYPE:</b>	Alpha						
<b>SIZE:</b>	1						
<b>COMMENTS:</b>	Use 'Y' for yes and 'N' for no						
<b>EDITS:</b>	<table><tr><td>Fatal:</td><td><ul style="list-style-type: none"><li>• If valued, must be 'Y' or 'N'</li></ul></td></tr><tr><td>Warning:</td><td><ul style="list-style-type: none"><li>• If valued 'Y', the following must be valued 'N': Completed contract of participation, Moving to homeownership, Left voluntarily, Asked to leave program, Left because essential service was unavailable</li></ul></td></tr><tr><td>Warning:</td><td><ul style="list-style-type: none"><li>• Must be valued if 16a equals 'Y' for Exit report</li></ul></td></tr></table>	Fatal:	<ul style="list-style-type: none"><li>• If valued, must be 'Y' or 'N'</li></ul>	Warning:	<ul style="list-style-type: none"><li>• If valued 'Y', the following must be valued 'N': Completed contract of participation, Moving to homeownership, Left voluntarily, Asked to leave program, Left because essential service was unavailable</li></ul>	Warning:	<ul style="list-style-type: none"><li>• Must be valued if 16a equals 'Y' for Exit report</li></ul>
Fatal:	<ul style="list-style-type: none"><li>• If valued, must be 'Y' or 'N'</li></ul>						
Warning:	<ul style="list-style-type: none"><li>• If valued 'Y', the following must be valued 'N': Completed contract of participation, Moving to homeownership, Left voluntarily, Asked to leave program, Left because essential service was unavailable</li></ul>						
Warning:	<ul style="list-style-type: none"><li>• Must be valued if 16a equals 'Y' for Exit report</li></ul>						
<b>FIELD NUMBER:</b>	52						
<b>POSITION:</b>	85						
<b>LINE REFERENCE NO:</b>	16f. (3)						

---

**Transmission Footer****NAME: Record Identifier**

DESCRIPTION: A number to identify the end of the file containing MTCS data

TYPE: Alphanumeric

SIZE: 5

COMMENTS: Set to 'MND58'

EDITS: Must be set to 'MND58'

FIELD NUMBER: 1

POSITION: 1-5

LINE REFERENCE NO: n/a

---

**NAME: Record Number**

DESCRIPTION: A number to identify the record in the file

TYPE: Numeric

SIZE: 5

COMMENTS: The number is incremented by 1 for each subsequent record in the transmission.

EDITS: None

FIELD NUMBER: 2

POSITION: 6-10

LINE REFERENCE NO: n/a

---

**NAME: Number of Forms in Submission**

DESCRIPTION: The number of 50058 forms included in the submission

TYPE: Numeric

SIZE: 6

COMMENTS: Must contain the number of 50058 forms sent to HUD

EDITS: None

FIELD NUMBER: 3

POSITION: 11-16

LINE REFERENCE NO: n/a

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Form number or identification	Flat File Location
Date Modified	1,3
1a.	not transmitted
1b.	1,4
1c.	1,5
1d.	1,6
1e.	1,7
1f.	1,8
1g.	1,9
1h.	1,10
2a.	1,11
2b.	1,12
2c.	1,13
2d.	1,14
2e.	1,15
2f.	1,16
2g.	1,17
3a.	2,3
3b.	2,4
3c.	2,5
3d.	2,6
3e.	2,7
3f.	not transmitted
3g.	2,8
3h.	2,9
3i.	2,10
3j.	2,11
3k.	2,12
3m.	2,13
3n.	1,18; 2,14
3p.	not transmitted
3r.	1, 19
3s.	1,20
3t.	1,21
3u.	1,22
4a.	1,23
4b.	1,24/25
4c.	1,26
4d.	1,27
5a. (address)	1,28
5a. (apt.)	1,29
5a. (city)	1,30
5a. (state)	1,31
5a. (zip/+4)	1,32/33
5b. (address)	1,34
5b. (apt.)	1,35
5b. (city)	1,36
5b. (state)	1,37
5b. (zip/+4)	1,38/39
5c.	1,40
5d.	1,41

**KEY:**

First number is the section #,  
second number is the field #

**Section #'s**

1 = Basic Record  
 2 = Family Record  
 3 = Income Record  
 4 = Public Housing Record  
 5 = Indian Mutual Record  
 6 = Certificate Record  
 7 = Voucher Record  
 8 = Mod Rehab Record  
 9 = Mftrd Homeowner Record  
 F = FSS Addendum Record



Form number or identification	Flat File Location
5e.	1,42
5f. (a)	1,43
5f. (b)	1,44
5f. (c)	1,45
5f. (d)	1,46
5g.	6,3; 7,3; 8,3; 9,3
5h.	6,4; 7,4; 8,4; 9,4
6a.	not transmitted
6b.	not transmitted
6c.	not transmitted
6d.	not transmitted
6e.	not transmitted
6f.	1,47
6g.	1,48
6h.	1,49
6i.	1,50
6j.	1,51
7a.	3,3
7b.	3,4
7c.	3,5
7d.	3,6
7e.	3,7
7f.	not transmitted
7g.	3,8
7h.	not transmitted
7i.	not transmitted
7j.	not transmitted
7k.	1,52
7m.	1,53
8a.	not transmitted
8b.	1,54
8c.	1,55
8d.	1,56
8d(1).	1,69
8e.	1,57
8f.	1,58
8g.	1,59
8h.	1,60
8i.	1,61
8j.	1,62
8k.	1,63
8m.	1,64
8n.	1,65
8p.	1,66
8q.	1,67
8r.	1,68
8s.	not transmitted
8t.	1,70
8u.	1,71
8v.	1,72

Form number or identification	Flat File Location
9a.	1,73
9b.	1,74
9c.	1,75
9d.	1,76
9e.	1,77
9f.	1,78
9g.	1,79
9h.	1,80
9i.	1,81
9j.	1,82
9k.	1,83
10a.	not transmitted
10b.	4,3
10c.	4,4
10d.	4,5
10e.	4,6/7
10f.	4,8
10g.	4,9
10h.	4,10
10i.	4,11
10j.	4,12
10k.	4,13
10m.	4,14
10n.	4,15
10p.	4,16
10q.	4,17
10r.	4,18
10s.	4,19/20
10t.	4,21
10u.	4,22
11a.	6,5
11b.	6,6
11c.	6,7
11d.	6,8
11e.	6,9
11f.	6,10
11g. (OFTO)	6,15
11g. (project-based cert)	6,11
11g. (Mod Rehab for cert)	6,14
11g. (IGR)	6,13
11g. (SRO)	6,12
11h.	6,16
11i.	6,17
11j.	6,18
11k.	6,19
11m.	6,20
11n.	6,21
11p.	6,22
11q.	not transmitted
11r.	6,23

Form number or identification	Flat File Location
11t.	6,26
11aa.	6,27
11ab.	6,28
11ac.	6,29
11ad.	6,30
11ae.	6,31
11af.	6,32
11ag.	6,33
11ah.	6,34
11ai.	6,35
11aj.	not transmitted
11ak.	6,36/37
11am.	6,38
11an.	6,39
12a.	7,5
12b.	7,6
12c.	7,7
12d.	7,8
12e.	7,9
12f.	7,10
12g. (SRO)	7,11
12g. (IGR)	7,12
12h.	7,13
12i.	7,14
12j.	7,15
12k.	not transmitted
12m.	7,16
12n.	7,17
12p.	7,18
12q.	7,19
12r.	7,20
12s.	7,21
12t.	7,22
12u.	7,23
12v.	7,24
12w.	7,25
12x.	7,26
12y.	7,27
12aa.	7,28
12ab.	7,29
12ac.	7,30
12ad.	7,31
12ae.	7,32
12af.	7,33
12ag.	7,34
12ah.	not transmitted
12ai.	7,35/36
12aj.	7,37
12ak.	7,38
13a.	8,5

Form number or identification	Flat File Location
13b.	8,6
13c.	8,7
13d.	8,8
13e.	8,9
13f.	8,10
13g.	8,11
13h.	8,12
13i.	8,13
13j.	not transmitted
13k.	8,14/15
13m.	8,16
13n.	8,17
13p.	8,18
13q.	8,19
13r.	8,20
13s.	8,21
13t.	8,22
13u.	8,23
13v.	8,24
13w.	not transmitted
13x.	8,25/26
13y.	8,27
13z.	8,28
14a.	9,5
14b.	9,6
14c.	9,7
14d.	9,8
14e.	9,9
14f.	9,10
14g.	9,11
14h.	9,12
14i.	9,13
14j.	9,14
14k.	9,15
14m.	9,16
14n.	9,17
14p.	9,18
14q.	9,19
14r.	9,20
14s.	not transmitted
14t.	9,21
14u.	9,22
14v.	9,23
14w.	9,24
14x.	9,25
14aa.	9,26
14ab.	9,27
14ac.	9,28
14ad.	9,29
14ae.	9,30

Form number or identification	Flat File Location
14af.	not transmitted
14ag.	9,31
15a.	not transmitted
15b.	5,3
15c.	5,4
15d.	5,5
15e.	5,6
15f.	5,7
15g.	5,8
15h.	5,9
16a. (enrollment)	F,3
16a. (progress)	F,4
16a. (exit)	F,5
16b.(1)(JTPA)	F,6
16b.(1)(other)	F,7
16b.(1)(none)	F,8
16b.(2)(full time)	F,10
16b.(2)(part time)	F,11
16b.(2)(not employed)	F,9
16b.(3)	F,12
16b.(4)(food stamps)	F,13
16b.(4)(Medicaid)	F,14
16b.(5)	F,15
16c.(1)	F,16
16c.(2)	F,17
16c.(3)	F,18
16c.(4)	F,19
16d.(1)	F,20
16d.(2)	F,21
16d.(3)	F,22
16e.(GED needed)	F,23
16e.(High School needed)	F,24
16e.(Post Secondary needed)	F,25
16e.(Voc./Job Training needed)	F,26
16e.(Job Search/Placement needed)	F,27
16e.(Transportation needed)	F,28
16e.(Health Services needed)	F,29
16e.(Child Care needed)	F,30
16e.(GED received)	F,31
16e.(High School received)	F,32
16e.(Post Secondary received)	F,33
16e.(Voc./Job Training received)	F,34
16e.(Job Search/Placement received)	F,35
16e.(Transportation received)	F,36
16e.(Health Services received)	F,37
16e.(Child Care received)	F,38
16e. (GED through other means)	F,39
16e. (High School through other means)	F,40
16e. (Post Secondary through other means)	F,41
16e. (Voc./Job Training through other means)	F,42

Form number or identification	Flat File Location
16e. (Job Search/Placement through other means)	F,43
16e. (Transportation means met through other means)	F,44
16e. (Health Services met through other means)	F,45
16e. (Child Care needs met through other means)	F,46
16f.(completed contract)	F,47
16f.(moving to homeownership)	F,48
16f.(left voluntarily)	F,49
16f.(asked to leave)	F,50
16f.(essential service unavailable)	F,51
16f.(contract expired but not meet obl)	F,52

## 8.0 Data Transmission

Software should format the Form HUD-50058 data so that it follows the transmission file layout. The HA has two choices for data transmission, either or both of which may be included in software designed and developed to capture Form HUD-50058 data. The two options for data transmission are:

- SprintMail, using PC SprintMail, or
- Internet transmission

### 8.1 SprintMail Transmission

To transmit data through SprintMail, an HA must have a copy of PC SprintMail installed on a personal computer with a modem. The mail address to reach MTCS is **C FTSMAIL,HUD.MTCS.F87,F87AAA** (must be exactly as shown). Please see the PC SprintMail Electronic Information Packet, January 1994 for a listing of the local access numbers to connect to the SprintMail host. Users who do not have this packet can call the MTCS Hotline for their local access number. The PC SprintMail Electronic Information Packet, January 1994, provides detailed instructions to users about how to select the Form HUD-50058 electronic file and send it to HUD. For questions about using SprintMail to transmit Form HUD-50058 data, call the MTCS Hotline at 1-800-FON-MTCS.

### 8.2 Internet Transmission

In order to transmit data to HUD by using the Internet option, an HA must have Internet access. HAs can obtain Internet access through a local Internet Service Provider. The browser used to connect to the Internet must meet the following specifications:

- Support Secure Socket Layer protocol (SSL 3.0)
- Support Javascript
- Support form-based file upload
- Support HTML tags and attributes specified in HTML 3.2 standard

**Note:** A vendor may claim that a browser supports all of the above, but the browser may not run properly if the first three bullets are enabled/activated simultaneously. Additionally, the same version of a browser may perform differently, depending on the operating system in use. Internet Service providers can answer questions about the capabilities of individual Internet browsers.

The location on the World Wide Web where HAs may transmit data to HUD is **<https://www.hud.gov/mtcs/login.htm>**. The Data Transmission Forum and News Flashes contain the most up-to-date information about Internet data transmission. For questions about data transmission, HAs should use the Data Transmission Forum which is located at **<http://www.hud.gov/pih/systems/mtcs/forums.html>**.

From the MTCS Website, HAs connect to the data transmission page that allows HAs to log in to the Form HUD-50058 Internet Data Transmission and select the option to send a file to HUD. There is a browse function which allows HAs to view their own drives and directories in order to select the appropriate file. From this page, an HA selects the appropriate file that contains Form HUD-50058 data and transmits the file to HUD.

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## 9.0 Acknowledgments and Error Reports

When an HA transmits a file to HUD, the HA receives an acknowledgment. If an HA uses SprintMail to transmit data, the acknowledgment comes from the SprintMail network and indicates the data has been transferred from the PC SprintMail box to the SprintMail network. The HA must request this receipt from the SprintMail network. The acknowledgment does not guarantee that HUD processed the data, but only that SprintMail delivered the data to HUD. If an HA transmits its data through the Internet, a confirmation message that indicates the data was transmitted to HUD will appear on the screen when the data transmission is complete.

The Error File is available within one business day from the time HUD receives an HA's Form HUD-50058 data. The Error File combines the previous ERR and ERT reports. The Error File contains information about fatal errors only. Fatal errors cause MTCS to reject an entire household record and MTCS does not load the household information into the MTCS database. A sample of the Error Report, produced from the Error File, is enclosed with this guide, along with the layout of the Error File.

MTCS sends the Error File to the HA through the same mechanism the HA used to transmit data to HUD; however, the Internet Website contains all error files, regardless of transmission method. For example, if an HA uses SprintMail, HUD sends the Error File and the formatted Error Report to the HA's SprintMail box. However, the Error Report is also available from the MTCS Internet Data Transmission tool if the HA would like to view and download the information from there as well.

The Error Analysis Report (EAR) contains statistical information about all errors in an HA's transmission. This includes both fatal and warning errors. MTCS sends the EAR within one business day from the time HUD receives the data. HAs may use this information to correct errors in their transmissions and gain an understanding of long term improvements they should make to their Form HUD-50058 data. A sample of the EAR is enclosed with this package.

MTCS sends the EAR to the HA through the same mechanism the HA used to transmit data to HUD. For example, if an HA uses SprintMail, HUD sends the EAR the HA's SprintMail box. However, the Error Analysis Report is also available on the MTCS Internet Data Transmission tool if the HA would like to view and download the report from there as well.

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### Error File Layout

This section contains the error file layout used to return a submission's fatal error information to the HA. Each error file contains two types of records:

- ERR58
- ERT58

The error file contains one ERR58 for each fatal error contained in the HA's submission. The last record in the error file is the ERT58. HAs whose transmissions do not contain any errors will receive an error file that only contains an ERT58.

For example, an HA's transmission contained 15 fatal errors. The error file will contain 15 ERR58 records, one for each fatal error, and an ERT58.

ERR58				
Field Number	Field Name	Start Position	Field Length	Comments
1	Record ID	1	5	Value 'ERR58'
2	Record Number	6	5	
3	Return Mailbox	11	10	
4	Submitter Mailbox	21	10	
5	Originating Date Stamp	31	8	
6	Originating Time Stamp	39	6	
7	Error Record Number	45	5	Sequential Record Number of the Record In Error
8	Record Section In Error	50	1	
9	Field Number in Error	51	5	
10	Edit Number	56	1	
11	Field Content	57	50	
12	Error Message 1	107	40	
13	Error Message 2	147	40	
14	Error Message 3	187	40	
15	Error Message 4	227	40	
16	Error Message 5	267	40	
17	Error Solution 1	307	40	
18	Error Solution 2	347	40	
19	Error Solution 3	387	40	
20	Error Solution 4	427	40	
21	Error Solution 5	467	40	
22	Head of the Household SSN	507	9	
23	Head of Household Last Name	516	20	
24	Head of Household First Name	536	20	
25	Project Number	556	14	
26	Batch Number	570	8	

ERT58				
Field Number	Field Name	Start Position	Field Length	Comments
1	Record ID	1	5	Value 'ERT58'
2	Sequential Number	6	5	
3	Return Mailbox	11	10	
4	Submitter Mailbox	21	10	
5	Originating Transaction Date	31	8	
6	HA Name	39	15	
7	HA Street Address	54	20	
8	HA City	74	15	
9	HA State	89	2	
10	HA Zip Code	91	9	
11	HA Code	100	5	
12	Record Count	105	6	

**FORM HUD-50058 ERROR REPORT**  
**Report Date:** Mon Aug 04 00:00:00 EST 1997

**HA-ID:** TX305  
**HA-Name:** Kerens  
**Submitter-ID:** TX305  
**Submission Date:** 05/02/1997  
**Submission Time:** 12:01:15

**Item Number:** 1  
**Error Number:** 5A1  
**Error Message:** UNIT STATE CANNOT BE BLANK  
**Error Resolution:** FILL WITH STATE NAME

Rec Nbr in Error	Section	Field Error	in	Field Contents	SSN	Head of Household First Name	Last Name	Project Nbr
2	1	5A			447621575	JOHN	JOHNSON	TX305001

**Item Number:** 2  
**Error Number:** 8K2  
**Error Message:** THE ELDERLY/DISABLED ALLOWANCE IS OMITTED OR INVALID  
**Error Resolution:** VERIFY VALUE

Rec Nbr in Error	Section	Field Error	in	Field Contents	SSN	Head of Household First Name	Last Name	Project Nbr
3	1	8K		01920	447621575	JOHN	JOHNSON	TX305001

**FORM HUD-50058 ERROR ANALYSIS REPORT****Report Date:** Mon Aug 04 00:00:00 EST 1997**HA-ID:** TX305**HA-Name:** Kerens**Submitter-ID:** TX305**Submission Date:** 05/02/1997**Submission Time:** 12:01:15**Frequency of Warning Errors**

Item Nbr	Error Code	Freq	% of Total	Error Message	Project Nbr	SSN	Name	Record Nbr	Field Contents
1	4C1	2	100.0	MUST BE VALUED "Y" OR "N"	TX305001	447621575	JOHNSON JOHN	2	

**Frequency of Fatal Errors**

Item Nbr	Error Code	Freq	% of Total	Error Message	Project Nbr	SSN	Name	Record Nbr	Field Contents
1	5A1	1	50.0	UNIT STATE CANNOT BE BLANK	TX305001	447621575	JOHNSON JOHN	2	

Item Nbr	Error Code	Freq	% of Total	Error Message	Project Nbr	SSN	Name	Record Nbr	Field Contents
2	8K2	1	50.0	THE ELDERLY/DISABLED ALLOWANCE IS OMITTED OR INVALID	TX305001	447621575	JOHNSON JOHN	3	01920

Attachment A  
Form HUD-50058 Family Report

**U.S. Department of Housing  
and Urban Development**  
Office of Public and Indian Housing

**Family Report**

Form HUD-50058, Family Report, applies to the following programs: Public Housing; Indian Housing; Section 8 Rental Certificates, including Manufactured Home Spaces; Section 8 Rental Vouchers; and Section 8 Moderate Rehabilitation

Note: Each program will complete only pages 1 thru 4 plus subpage 5 which is applicable to the pertinent program (i.e., one of pages 5a thru 5f), and page 6, if applicable.

Additional instructions are contained in the MTCS Form HUD-50058 Instruction Booklet. Copies of this Instruction Booklet are obtainable from the MTCS Web page (<http://www.hud.gov/pih/systems/mtcs/pihmtcs.html>). Users without Internet access can obtain copies of the Instruction Booklet from the MTCS Hotline: Call 1-800-FON-MTCS (1-800-366-6827) (this is a toll-free number.)



Public reporting burden for this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Send the data to the electronic address required by HUD. **Questions?** Phone 1-800-FON-MTCS or 1-800-366-6827.

Each affected agency must submit information to assist HUD in managing and monitoring HUD-assisted housing programs, to protect the Government's interest, and to verify the accuracy of the information received. HUD will use the information to: (1) monitor program participants' compliance with requirements, (2) provide demographic information describing tenants' characteristics, (3) participate in income matching, to detect fraud, and (4) plan for future use of the housing inventory with emphasis on the housing needs of special groups. This collection is authorized by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19).

**Sensitive Information:** The information on these forms is sensitive and is protected by the Privacy Act. Keep the forms locked and confidential.

## Abbreviations:

TANF = Temporary Assistance to Needy Families

FmHA = Farmers' Home Administration

FMR = Fair Market Rent, set by HUD

FSS = Family Self-Sufficiency program

HA = Housing agency including public or Indian housing

HAP = Housing Assistance Payment

HUD = US Department of Housing and Urban Development

IGR = Independent Group Residence, with continual supportive services

mm/dd/yyyy = date, in numbers, like 12/14/1993

Mod Rehab = Moderate Rehabilitation

No. = number

OMB = US Office of Management and Budget

Sec. = a numbered section of a law or federal regulation, usually in the US Housing Act of 1937

SRO = Single Room Occupancy

SSI = Supplemental Security Income

SSN = Social Security Number

TIN = Taxpayer Identification Number, for businesses

TTP = Total Tenant Payment

## Major Definitions:

**Disabilities:** A person with disabilities is one who:

(a) has a disability as defined in section 223 of the Social Security Act;

(b) is determined to have a physical, mental, or emotional impairment which is expected to be of long-continued and indefinite duration, substantially impedes his/her ability to live independently, and is of such a nature that such ability could be improved by more suitable housing conditions; or

(c) has a developmental disability as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act.

**Note:** Includes persons who have the acquired immune deficiency syndrome (AIDS) or any condition that arises from the etiologic agent for acquired immune deficiency syndrome.

**Effective date --** For new admissions and portability move-ins: effective date of lease. For reexaminations and interim reexaminations: date any rent change would take effect. For end of participation: see next entry.

**End Participation or Portability Move-out:** Fill lines 1a thru 1h, 2a (type 5 or 6) and 2b. Also fill out for Head of Household only: lines 3a thru 3p. This information is needed to remove tenant from HUD's active data base. Line 2b will show when the family stopped receiving any HUD subsidy or changed from Sec.8 to or from Public and Indian Housing, or used portability to move to the jurisdiction of another housing agency and the initial HA sent the family's records there.

**Head:** A family may pick as the head any adult in the household who is wholly or partly responsible for paying the rent. If someone in the household is 62+ or has disabilities, extra allowances are gained by picking this person or his or her spouse as the head. These deductions are on lines 8h thru 8k.

**Mixed Family:** A family that contains both eligible and ineligible family members who may be subject to prorated rent under the Noncitizens rule.

**New Admission:** First joining a housing agency's Public or Indian Housing program, or rejoining after an interruption of at least 1 month, **or** first joining the Sec.8 program, or rejoining Sec.8 after an interruption of at least 4 months. Changes between Sec.8 certificates and vouchers do not count as new admissions, but changes to and from other Sec.8 programs do.

**Other Subsidy:** (as used in lines 11k and 12j) Units which have another subsidy, not Sec.8, Public or Indian Housing. These other subsidies include Sec.236, Sec.221(d)3 BMIR, Sec.202, Farmers Home Administration Sec.515.

**Portability:** Involves a family who was issued a Sec.8 certificate or voucher by one housing agency and finds a unit in the jurisdiction of another, which handles housing inspections and payments. The term portability applies even if the receiving agency absorbs the cost.

**1. Agency**

1a. Agency Name	1a.
1b. HA State	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> 1b.
1c. HA Number	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> 1c.
1d. Program (P = Public Housing    CE = Sec. 8 Certificates    VO = Sec. 8 Vouchers    MR = Mod Rehab    MC = Mod Rehab Converted to Certificate    B = Indian Housing)	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> 1d.
1e. Project State, if different from 1b (Public/Indian Housing only)	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> 1e.
1f. Project/Originating HA Number if different than 1c (Public/Indian Housing only)	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> 1f.
1g. Project Number (Public/Indian Housing only)	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> 1g.
1h. Site Number or suffix, if applicable (Public/Indian Housing only)	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> 1h.

**2. Action**

2a. Type of action    1 = New Admission    2 = Annual Reexamination    3 = Interim Reexamination    4 = Portability Move-in    5 = Portability Move-out    6 = End Participation    7 = Other Change of Unit    8 = FSS Enrollment or Exit only	2a.
2b. Effective date of action (mm/dd/yyyy)	2b.
2c. Date of admission to program (mm/dd/yyyy)	2c.
2d. Projected effective date of next re-exam, if other than 12 months from effective date of action (mm/dd/yyyy)	2d.
2e. FSS participant now or in the last year?    Y or N	2e.
2f. Use if instructed by HUD	2f.
2g. HA Use Only	2g.

**3. Household**

3a. Head of Household Member Number 01	3b. Last Name & Sr, Jr, etc.	3c. First Name	3d. MI	3e. Date of Birth	3f. Age on effective date of action
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race
		H			
				3m. Ethnicity	3n. Social Security Number
					3p. Alien Registration Number
					A-
<hr/>					
3a. Member Number 02	3b. Last Name & Sr, Jr, etc.	3c. First Name	3d. MI	3e. Date of Birth	3f. Age on effective date of action
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race
				3m. Ethnicity	3n. Social Security Number
					3p. Alien Registration Number
					A-
<hr/>					
3a. Member Number 03	3b. Last Name & Sr, Jr, etc.	3c. First Name	3d. MI	3e. Date of Birth	3f. Age on effective date of action
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race
				3m. Ethnicity	3n. Social Security Number
					3p. Alien Registration Number
					A-
<hr/>					
3a. Member Number 04	3b. Last Name & Sr, Jr, etc.	3c. First Name	3d. MI	3e. Date of Birth	3f. Age on effective date of action
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race
				3m. Ethnicity	3n. Social Security Number
					3p. Alien Registration Number
					A-
<hr/>					
3a. Member Number 05	3b. Last Name & Sr, Jr, etc.	3c. First Name	3d. MI	3e. Date of Birth	3f. Age on effective date of action
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race
				3m. Ethnicity	3n. Social Security Number
					3p. Alien Registration Number
					A-

## Conventions:

**All fields** that require the entry of a date **must** include the 4-digit year. Enter the date in any standard format (i.e., "MM/DD/YYYY"). You must enter the year in its entirety.

**"/"** means **"or"** unless otherwise noted.

**Monetary figures:** enter only whole dollar amounts. Do not show cents, commas, or dollar signs.

**Rounding:** round each monetary amount up when a number is .50 or above; down when a number is .49 or below.

**Reserved:** HUD may have future directions about how to use these lines. Reserved lines are placeholders for anticipated future changes.

**Calculation** column is a scratch area where Housing Agencies may perform manual calculations.

Leave blank any line(s) or item(s) that do not apply unless this form instructs otherwise.

## 1. Agency

Line 1a: Name of the Housing Agency (HA) that completes the family's form HUD-50058.

Line 1b: Two-character postal code that indicates the State where the reporting HA is located.

Note: See the Federal Standard State Codes, Instruction Booklet Attachment 1, for a list of State postal codes.

Line 1c: Three-digit number HUD assigned to each HA.

Line 1d: Rental housing assistance program in which the family participates.

Note: Enter the code from left to right in the boxes provided. If there is only 1 letter to enter, complete the first box only; if there are 2 letters to enter, complete both boxes.

Line 1e: State in which the project is physically located, if different from the HA State indicated in line 1b.

Line 1f: Three-digit number of the HA to which the project was originally assigned.

Line 1g: Official three-digit number that identifies each project.

Note: If the project number contains zeroes, enter the zeroes on the form.

Line 1h: Three-digit site number or suffix code that HUD assigned to the project site, if applicable.

## 2. Action

Line 2a: Report the type of action. Use the applicable code.

Line 2b: Date (mm/dd/yyyy) the reported action becomes effective.

Note: The effective date cannot be earlier than the date of admission to the program.

Line 2c: Date (mm/dd/yyyy) the HA initially admitted the family into the program reported in line 1d.

Line 2d: Scheduled date (mm/dd/yyyy) for the next annual re-exam if other than 12 months from the current report's effective date of action.

Line 2e: Indicate whether or not the family participated in the FSS program in the last 12 months.

Note: Only complete and submit the FSS Addendum if the family is currently enrolled in FSS or if the family exited the FSS program and did not complete the FSS Exit Form at that time.

Line 2f: Use this line if instructed by HUD; otherwise, leave blank.

Line 2g: HAs may use this line for any information they wish to collect.

## 3. Household

**Note: Complete for each member of the household.**

Line 3a: Member Number identifies the individual listed on that line of the form. You **must** list Member Number 01 as the Head of Household. List the spouse or co-head as Member Number 02. If there is no spouse or co-head, list other household members beginning with Member Number 02.

Line 3b: Last name of each household member listed. Include name suffixes, such as Sr., Jr., III.

Line 3c: First name of each household member listed.

Line 3d: Middle initial of each household member listed.

Note: If no middle initial, leave blank. If more than 1 middle initial, enter only one.

Line 3e: Date of birth for each household member listed.

Note: Include all four digits of the year.

Line 3f: Age of each household member listed on the effective date of action.

Note: Use whole years only.

Line 3g: Gender of each household member listed.

Line 3h: Code that best categorizes the position or role of each household member listed.

Line 3i: Code that indicates each household member's U.S. citizenship status.

Line 3j: Indicate whether or not the household member listed is disabled.

Line 3k: Code that best indicates each household member's race.

Line 3m: Code that best indicates each household member's ethnicity.

Line 3n: Nine-digit Social Security Number (SSN) the Social Security Administration assigned to each household member. If no SSN, enter 999999999.

Line 3p: A seven, eight, or nine-digit number preceded by the letter A that pertains to one person or one document only.

Note: If the alien registration number has seven digits, enter two zeros before the alien registration number. If the alien registration number is eight digits, enter one zero before the alien registration number. If the alien registration number is nine digits, enter the number without a leading zero. Do not enter the letter A in any case.

Head of Household Name	Social Security Number	Date modified (mm/dd/yyyy)
------------------------	------------------------	----------------------------

### 3. Other Household Members

3a. Member Number	3b. Last Name & Sr, Jr, etc.			3c. First Name			3d. MI	3e. Date of Birth	3f. Age on effective date of action
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race	3m. Ethnicity	3n. Social Security Number		3p. Alien Registration Number A-

3a. Member Number	3b. Last Name & Sr, Jr, etc.			3c. First Name			3d. MI	3e. Date of Birth	3f. Age on effective date of action
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race	3m. Ethnicity	3n. Social Security Number		3p. Alien Registration Number A-

3a. Member Number	3b. Last Name & Sr, Jr, etc.			3c. First Name			3d. MI	3e. Date of Birth	3f. Age on effective date of action
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race	3m. Ethnicity	3n. Social Security Number		3p. Alien Registration Number A-

3a. Member Number	3b. Last Name & Sr, Jr, etc.			3c. First Name			3d. MI	3e. Date of Birth	3f. Age on effective date of action
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race	3m. Ethnicity	3n. Social Security Number		3p. Alien Registration Number A-

3a. Member Number	3b. Last Name & Sr, Jr, etc.			3c. First Name			3d. MI	3e. Date of Birth	3f. Age on effective date of action
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race	3m. Ethnicity	3n. Social Security Number		3p. Alien Registration Number A-

3a. Member Number	3b. Last Name & Sr, Jr, etc.			3c. First Name			3d. MI	3e. Date of Birth	3f. Age on effective date of action
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race	3m. Ethnicity	3n. Social Security Number		3p. Alien Registration Number A-

3a. Member Number	3b. Last Name & Sr, Jr, etc.			3c. First Name			3d. MI	3e. Date of Birth	3f. Age on effective date of action
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race	3m. Ethnicity	3n. Social Security Number		3p. Alien Registration Number A-

3a. Member Number	3b. Last Name & Sr, Jr, etc.			3c. First Name			3d. MI	3e. Date of Birth	3f. Age on effective date of action
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race	3m. Ethnicity	3n. Social Security Number		3p. Alien Registration Number A-

3a. Member Number	3b. Last Name & Sr, Jr, etc.			3c. First Name			3d. MI	3e. Date of Birth	3f. Age on effective date of action
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race	3m. Ethnicity	3n. Social Security Number		3p. Alien Registration Number A-

3a. Member Number	3b. Last Name & Sr, Jr, etc.			3c. First Name			3d. MI	3e. Date of Birth	3f. Age on effective date of action
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race	3m. Ethnicity	3n. Social Security Number		3p. Alien Registration Number A-

Codes:

**3h. Relation:** F = foster child/foster adult  
H = head  
S = spouse  
K = co-head  
L = live-in aide  
A = other adult

**3i. Citizenship:** EC = eligible citizen  
EN = eligible noncitizen  
IN = ineligible noncitizen  
PV = pending verification

**3k. Race:** 1 = White  
2 = Black  
3 = American Indian/  
Alaska Native

4 = Asian/Pacific  
Islander

**3m. Ethnicity:** 1 = Hispanic  
2 = Not Hispanic

3q. Continued on an additional sheet? Yes ☐ No ☐

---

### 3. Other Household Members

**Note:** Use this page if there are more than 5 household members.

Line 3a: Member Number identifies the individual listed on that line of the form.

Line 3b: Last name of each household member listed. Include name suffixes, such as Jr.

Line 3c: First name of each household member listed.

Line 3d: Middle initial of each household member listed.

**Note:** If no middle initial, leave blank. If more than 1 middle initial, enter only one.

Line 3e: Date of birth for each household member listed.

**Note:** Include all four digits of the year.

Line 3f: Age of each household member listed on the effective date of action.

**Note:** Use whole years only.

Line 3g: Gender of each household member listed.

Line 3h: Code that best categorizes the position or role of each household member listed.

Line 3i: Code that indicates each household member's U.S. citizenship status.

Line 3j: Indicate whether or not the household member listed is disabled.

Line 3k: Code that best indicates each household member's race.

Line 3m: Code that best indicates each household member's ethnicity.

Line 3n: Nine-digit Social Security Number (SSN) the Social Security Administration assigned to each household member. If no SSN, enter 999999999.

Line 3p: A seven, eight, or nine-digit number preceded by the letter A that pertains to one person or one document only.

**Note:** If the alien registration number has seven digits, enter two zeros before the alien registration number. If the alien registration number is eight digits, enter one zero before the alien registration number. If the alien registration number is nine digits, enter the number without a leading zero. Do not enter the letter A in any case.

Line 3q: Indicate whether or not additional household member information is included on an additional sheet of paper as an attachment to the Form.

Head of Household Name	Social Security Number	Date modified (mm/dd/yyyy)
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3r. Total number in household	3r.
3s. Family subsidy status under Noncitizen rule: <b>C</b> = Qualified for continuation of full assistance <b>E</b> = Eligible for full assistance <b>F</b> = Eligible for full assistance pending verification of status <b>P</b> = Prorated assistance <b>T</b> = Temporary deferral of termination	3s.
3t. Effective Date (mm/dd/yyyy) if 3s = C or T	3t.
3u. If new head of household, former head of household's SSN	3u.

**4. Family Background at Admission**

4a. Date (mm/dd/yyyy) entered waiting list	4a.
4b. ZIP code before admission	4b.
4c. Homeless at admission? Y or N	4c.
4d. Does family qualify for admission over the very low-income limit? Y or N	4d.

**5. Unit to be occupied on Effective Date of Action**

5a. Unit address  

Number and street	Apt.		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 34%;">ZIP code (+4)</td> </tr> </table>	City	State	ZIP code (+4)
City	State	ZIP code (+4)	

5b. Family's mailing address, if different from unit address  

Number, street, or PO Box	Apt.		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 34%;">ZIP code (+4)</td> </tr> </table>	City	State	ZIP code (+4)
City	State	ZIP code (+4)	

5c. Number of bedrooms in unit	5c.
5d. Is this one of the units that the HA has identified as an accessible unit? (Public/Indian Housing only) Y or N	5d.
5e. Has the family requested accessibility features? (Public/Indian Housing only) Y or N (If no, skip to 5g.)	5e.
5f. Has the family received the requested accessibility features? (Public/Indian Housing only) <input type="checkbox"/> a. Yes, fully <input type="checkbox"/> b. Yes, partially <input type="checkbox"/> c. No, not at all <input type="checkbox"/> d. Action pending (can be checked in combination with b. or c.)	
5g. Date (mm/dd/yyyy) unit last passed inspection (Section 8 only)	5g.
5h. Date (mm/dd/yyyy) unit last inspected (Section 8 only)	5h.

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**(Other Household Members continued)**

Line 3r: Total number of people in the household. Count all persons, including live-in aides and foster children/adults, irrespective of citizenship status.

Note: The total number in the household should equal the number of individuals listed separately in each line numbered 3a.

Line 3s: Code that indicates the housing assistance eligibility for the family based on the Noncitizen rule.

Line 3t: If line 3s displays status codes (C) or (T), enter the effective date (mm/dd/yyyy) of that status.

Line 3u: The former Head of Household's Social Security Number (SSN), if applicable. If no SSN, enter 999999999.

---

**4. Family Background at Admission**

Line 4a: Date (mm/dd/yyyy) the HA placed the family on the waiting list for the program under which they currently receive housing assistance.

Note: This date must not be **later** than the effective date of action.

Line 4b: Indicate the 5-digit ZIP code where the family lived before admission to a rental assistance program.

Line 4c: Indicate whether or not the family was homeless at time of program admission.

Line 4d: Indicate whether or not the family qualifies for program admission even though their income exceeds the very low-income limit.

---

**5. Unit to be occupied on Effective Date of Action**

Line 5a: Complete address of the housing unit that the household occupies on the effective date of action.

Note: Include the Number and street, Apt., City, State, and ZIP code.

Line 5b: Complete address where the family receives mail if different from the unit address.

Note: Include the Number, street, or PO Box, Apt., City, State, and ZIP code.

Line 5c: Total number of bedrooms in the unit occupied by the household on the effective date of action.

Note: If the unit is an efficiency or Single Room Occupancy, enter 0 (zero).

Note: If two or more families share the unit, enter the number of bedrooms in the **entire** unit.

Line 5d: Indicate whether or not the HA designated the unit that the household occupies as an accessible unit.

Line 5e: Indicate whether or not the family requested disability amenities or accessibility features.

Line 5f: Indicate the status of the family's request for disability amenities and/or accessibility features.

Line 5g: The last date (mm/dd/yyyy) the unit passed a formal Housing Quality Standards (HQS) inspection.

Line 5h: The last date (mm/dd/yyyy) the unit underwent a formal Housing Quality Standards (HQS) inspection.

Head of Household Name	Social Security Number	Date modified (mm/dd/yyyy)
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## 6. Assets

6a. Family Member Name	No.	6b. Type of asset	6c. Calculation (HA Use)	6d. Cash value of asset	6e. Anticipated Income	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
6f,6g. Column Totals				\$	6f. \$	6g.
6h. Passbook Rate (written as decimal)					0. _____	6h.
6i. Imputed Asset Income: 6f X 6h (if 6f is \$5,000 or less, put 0.)					\$	6i.
6j. Final Asset Income: Larger of 6g or 6i						\$ 6j.

## 7. Income

7a. Family Member Name	No.	7b. Income code	7c. Calculation (HA Use)	7d. Dollars per year	7e. Adult Earned Income Excluded (if any) Public/Indian Housing only	7f. Income after Earned Income Exclusion (7d - 7e)	7g. Earnings Deductions (if any) Public/Indian Housing only	
				\$	\$	\$	\$	
				\$	\$	\$	\$	
				\$	\$	\$	\$	
				\$	\$	\$	\$	
				\$	\$	\$	\$	
				\$	\$	\$	\$	
				\$	\$	\$	\$	
				\$	\$	\$	\$	
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				\$	\$	\$	\$	
				\$	\$	\$	\$	
				\$	\$	\$	\$	
				\$	\$	\$	\$	
				\$	\$	\$	\$	
				\$	\$	\$	\$	
7h, 7i, 7j Column Totals				\$	7h. \$	7i. \$	7j.	
7k. Reserved								
7m. Total Annual Income: 6j + 7i							\$	7m.

### 7b: Income code

P = pension	S = SSI	G = general assistance	I = Indian trust/per capita
B = own business	F = Federal wage	W = other wage	N = other nonwage sources
SS = social security	T = TANF (formerly AFDC)	C = child support	
M = military pay	HA = HA wage	U = unemployment benefits	



6. Assets	
<b>Note:</b>	<b>Use a separate line for each family member and asset source.</b>
Line 6a:	Family member name and Member Number indicated in line(s) 3a that corresponds to the asset information reported.
Line 6b:	Any asset that has a dollar value and/or provides a source of income to the person listed in column 6a.
<b>Note:</b>	See the form HUD-50058 Instruction Booklet for a detailed explanation of what can and cannot be listed as an asset.
Line 6c:	HAs may use this column to perform asset calculations.
Line 6d:	Estimated, known, or calculated dollar value of the asset listed.
Line 6e:	Total amount of income the family member expects to receive in the next 12-month period from the asset listed.
Line 6f:	Total of the values listed in columns 6d.
Line 6g:	Total of the values listed in columns 6e.
Line 6h:	Passbook rate of interest for the project locality.
Line 6i:	Imputed income from assets based on the total dollar value of the asset listed and the Passbook interest rate.
<b>Note:</b>	If the total cash value of assets is \$5,000 or less, enter 0 (zero).
Line 6j:	Total amount of household income derived from assets.

7. Income	
<b>Note:</b>	<b>Use a separate line for each family member and income source.</b>
Line 7a:	Family member name and Member Number indicated in line(s) 3a that corresponds to the income information reported.
Line 7b:	Code that represents the type of income the family member receives.
<b>Note:</b>	See the form HUD-50058 Instruction Booklet for a detailed description of each income code.
Line 7c:	HAs may use this column to perform income calculations.
Line 7d:	Annual income amount the family member earns from the income source listed.
Line 7e:	Amount of income excluded from a family member's total annual income, if applicable.
<b>Note:</b>	See the form HUD-50058 Instruction Booklet for a detailed description of Adult Earned Income exclusions.
Line 7f:	Total annual income of the family minus any exclusions.
Line 7g:	Amount of additional earnings deductions from a family member's total annual income, if applicable.
<b>Note:</b>	HAs may establish any other adjustments for earned income.
Line 7h:	Total of the dollar amounts listed in column 7e.
Line 7i:	Total of the dollar amounts listed in column 7f.
Line 7j:	Total of the dollar amounts listed in column 7g.
Line 7k:	Reserved for future HUD use.
Line 7m:	Family's total annual income from all sources, including assets.

Head of Household Name	Social Security Number	Date modified (mm/dd/yyyy)
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## 8. Expected Income per year

8a. Total annual income. Copy from 7m \$ 8a.

If head/spouse/co-head is under 62 and no family member disabled, skip to 8k

8b. Reserved

8c. Medical/Disability Threshold: 8a X 0.03 \$ 8c.

8d. Total Unreimbursed Disability Assistance expense (if no disability expenses, skip to 8g) \$ 8d.

8d(1). Maximum disability allowance: 8d minus 8c If positive or zero, put amount \$ 8d(1).

If negative and head/spouse/co-head under 62 and head/spouse/co-head not disabled, put 0 \$ 8d(1).

If negative and head/spouse/co-head elderly or head/spouse/co-head disabled, copy from 8d \$ 8d(1).

8e. Earnings in 7d made possible by disability assistance expense \$ 8e.

8f. Allowable disability assistance expense: lower of 8d(1) or 8e (If 8d is less than 8c and head/spouse/co-head elderly or head/spouse/co-head disabled, copy from 8d(1)) \$ 8f.

8g. Total out of pocket Medical Expense (if head/spouse/co-head under 62 and head/spouse/co-head not disabled, put 0) \$ 8g.

8h. Total disability assistance and medical expenses: 8f + 8g (If no disability expenses, copy from 8g) \$ 8h.

8i. Medical/disability assistance allowance: If no disability assistance expenses or if 8d is less than 8c, put 8h minus 8c (if 8h minus 8c is negative, put 0) \$ 8i.

If disability assistance expenses and 8d is greater than or equal to 8c, copy from 8h \$ 8i.

8j. Elderly/disability allowance (default = \$400) \$ 8j.

8k. Number of dependents (people under 18, or with disability, or full-time student. Don't count head, spouse, co-head, foster child/adult, or live-in aide) 8k.

8m. Allowance per dependent (default to \$480) \$ 8m.

8n. Dependent allowance: 8k X 8m \$ 8n.

8p. Yearly child care cost that is not reimbursed \$ 8p.

8q. Travel cost to work/school (Indian Housing only) \$ 8q.

8r. Optional earned income deduction (Public/Indian Housing only) Copy from 7j \$ 8r.

8s. Not available for use

8t. Reserved

8u. Total Allowances: 8i + 8j + 8n + 8p + 8q + 8r \$ 8u.

8v. Adjusted annual income: 8a minus 8u (if 8u is larger, put 0) \$ 8v.

## 9. TTP

9a. Total monthly income: 8a ÷ 12 \$ 9a.

9b. Reserved

9c. TTP if based on annual income: 9a X 0.10 \$ 9c.

9d. Adjusted monthly income: 8v ÷ 12 \$ 9d.

9e. Reserved

9f. TTP if based on adjusted annual income: 9d X 0.30 \$ 9f.

9g. Welfare Rent per month (if none put 0) \$ 9g.

9h. Minimum TTP, put 0 if waived \$ 9h.

9i. Reserved

9j. TTP, highest of lines 9c, 9f, 9g, 9h. If OFTO (NA if 2b is on or after 10/1/1999), highest of 9c, 9f, or 9g \$ 9j.

9k. Most recent TTP \$ 9k.

<b>8.</b>	<b>Expected Income per year</b>
Line 8a:	Family's total income from all sources. (Copy from line 7m.)
Line 8b:	Reserved for future HUD use.
Line 8c:	Amount of out of pocket medical and disability expenses the family must pay before the HA can deduct an allowance for such expenses from their income.
Note:	To derive the threshold, calculate 3% (0.03) of the family's total annual income (line 8a).
Line 8d:	Amount of family's out of pocket disability expense that an outside source does not reimburse.
Line 8d(1):	Amount the HA can potentially deduct for the family's disability allowance.
Note:	If the calculation results in a positive number or zero, enter amount.
Note:	If the calculation results in a negative number and the head, spouse, and co-head is under 62 <b>and</b> head, spouse, and co-head is not disabled, enter 0 (zero).
Note:	If the calculation results in a negative number and the head, spouse, or co-head is elderly <b>or</b> head, spouse, or co-head is disabled, copy from line 8d.
Line 8e:	Earned income made possible by the unreimbursed disability assistance expense that the family incurs.
Line 8f:	Total disability assistance expense amount the family may deduct.
Line 8g:	Total amount of the family's medical expense that an outside source does not reimburse.
Line 8h:	The family's total disability assistance expenses and medical expenses.
Line 8i:	The family's allowance for medical expenses and disability assistance expenses.
Note:	If the family has no disability assistance expenses <b>or</b> if the family's unreimbursed disability expense (line 8d) is less than the Medical/Disability Threshold (line 8c), subtract the Medical/Disability Threshold (line 8c) from line 8h. If the calculation results in a negative number, enter 0 (zero).
Note:	If the family has disability assistance expenses <b>and</b> the family's unreimbursed disability expense (line 8d) is greater than or equal to the Medical/Disability Threshold (line 8c), copy the amount from line 8h.
Line 8j:	Standard allowance amount if the Head of Household and/or spouse/co-head is elderly and/or disabled.
Note:	The allowance amount may not exceed \$400.
Line 8k:	Total number of dependents who live in the household.
Note:	Include all members of the household with relation code Y, E, or A (if disabled).
Line 8m:	Standard allowance amount for each dependent in the household.
Line 8n:	Total dependent allowance.
Line 8p:	Household's total out of pocket child care expense that an outside source does not reimburse.

Line 8q:	Total amount of education or employment travel-related expense.
Line 8r:	Additional earned income deductions, if any. (Copy from line 7j.)
Line 8s:	Not available for use.
Line 8t:	Reserved for future HUD use.
Line 8u:	Total amount of all of the family's allowances.
Line 8v:	The family's adjusted amount of annual income after deducting all allowances.
Note:	If the family's total allowances amount is larger than the family's total annual income, enter 0 (zero).
<b>9.</b>	<b>TTP</b>
Line 9a:	Total dollar income amount received on a monthly basis as part of the total annual income.
Line 9b:	Reserved for future HUD use.
Line 9c:	Total rent amount that the HA may require the tenant to pay based on 10% of the family's monthly income.
Line 9d:	Total dollar amount of adjusted income received on a monthly basis.
Line 9e:	Reserved for future HUD use.
Line 9f:	Total rent amount that the HA may require the tenant to pay based on 30% of the family's monthly adjusted income.
Line 9g:	Welfare assistance amount the family receives per month specifically for shelter and utilities, if applicable.
Note:	If no welfare rent, enter 0 (zero).
Line 9h:	The minimum rent amount that the HA may require the tenant to pay.
Note:	If the HA waived the minimum TTP, enter 0 (zero).
Note:	See form HUD-50058 Instruction Booklet for Preservation Certificate and Voucher instructions.
Line 9i:	Reserved for future HUD use.
Line 9j:	Total tenant payment per month the family may be required to pay, based on the highest amount in the lines noted.
Note:	If OFTO and effective date is before 10/1/1999, enter the highest of lines 9c, 9f, or 9g.
Line 9k:	Most recent total tenant payment amount the HA required the family to pay.

Head of Household Name	Social Security Number	Date modified (mm/dd/yyyy)
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## 10. Public Housing, Indian Rental, and Turnkey III

10a. TTP. Copy from 9j	\$	10a.
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### Rent Calculation. (If prorated rent, skip to 10h)

10b. Ceiling rent, if any	\$	10b.
10c. Lower rent: lower of 10a or 10b. (if no ceiling rent, put 10a)	\$	10c.
10d. Utility allowance, if any	\$	10d.
10e. Tenant rent: 10c minus 10d. If positive or 0, put tenant rent.	\$	10e.
If negative, credit tenant.	or CR	\$ 10e.
10f. Reserved		
10g. Reserved		

### Prorated Rent Calculation

10h. Public/Indian Housing maximum rent	\$	10h.
10i. Family maximum subsidy: 10h minus 10a	\$	10i.
10j. Total number eligible		10j.
10k. Total number in family		10k.
10m. Reserved		
10n. Eligible subsidy: $(10i \div 10k) \times 10j$	\$	10n.
10p. Mixed family TTP: 10h minus 10n	\$	10p.
10q. Reserved		
10r. Utility allowance, if any	\$	10r.
10s. Mixed family tenant rent: 10p minus 10r. If positive or 0, put tenant rent.	\$	10s.
If negative, credit tenant.	or CR	\$ 10s.
10t. Reserved		
10u. Reserved		

---

**10. Public Housing, Indian Rental, and Turnkey III**

Line 10a: Total tenant payment per month the HA may require the family to pay. (Copy from line 9j.)

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**Rent Calculation (If prorated rent, skip to 10h)**

Line 10b: Highest rent amount the HA may require the family to pay for a particular unit size.

Line 10c: Amount of the lower rent based on the lesser of the TTP and the ceiling rent.

Note: If ceiling rent is 0 (zero) or there is no ceiling rent, enter the TTP.

Line 10d: Monthly allowance amount for tenant supplied utilities if the rental payment does not include all utilities.

Line 10e: Total rent amount the family pays, or the total credit amount the family receives to pay utilities.

Line 10f: Reserved for future HUD use.

Line 10g: Reserved for future HUD use.

---

**Prorated Rent Calculation**

Line 10h: Calculated maximum rent based on the TTP that falls at the 95th percentile.

Note: See the form HUD-50058 Instruction Booklet for more Instruction on how to calculate the maximum rent.

Line 10i: Maximum amount of rental subsidy available to the family.

Line 10j: Total number of family members eligible for rental subsidy based on their citizen status.

Note: Eligible family members have citizenship codes in line 3i of: EC, EN, or PV.

Line 10k: Total number of family members in the household.

Note: Include everyone except live-in aides or foster children/adults. Include ineligible noncitizen family members as part of the total family number.

Line 10m: Reserved for future HUD use.

Line 10n: Total amount of rental subsidy for which the family is eligible.

Line 10p: Total tenant payment for the unit based on the proration calculation.

Line 10q: Reserved for future HUD use.

Line 10r: Monthly allowance amount for tenant supplied utilities if the rental payment does not already include all utilities.

Line 10s: Total rent amount the family pays, or the total credit amount the family receives to pay utilities.

Line 10t: Reserved for future HUD use.

Line 10u: Reserved for future HUD use.

Head of Household Name	Social Security Number	Date modified(mm/dd/yyyy)
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**11. Section 8: Pre-merger Certificates only (except owner-occupied manufactured home on rented space/pad)**

11a. Number of bedrooms on certificate	11a.
11b. Is family now moving to this unit? Y or N (Must be N if line 2b is on or after 10/1/1999)	11b.
11c. Does the family qualify as a Hard to House family? Y or N	11c.
11d. Portability? Y or N (if no, skip to 11g)	11d.
11e. Cost billed per month (put 0 if absorbed)	\$ 11e.
11f. HA Number billed (include 2 letter State code and 3 digit HA number)	11f.
11g. Check all housing types that apply:	<input type="checkbox"/> Mod Rehab funding used for certificates <input type="checkbox"/> Over-FMR Tenancy Option (OFTO) (NA if on or after 10/1/1999) <input type="checkbox"/> IGR: has continual supportive services (prorate gross rent)
	<input type="checkbox"/> Project-based certificate program unit <input type="checkbox"/> SRO: 1 room occupied by 1 person

11h. Owner name	11h.
11i. Owner TIN/SSN	11i.
11j. FMR or exception rent (only for new admission or move, OFTO, or Preservation Certificate) (NA if line 2b is on or after 10/1/1999)	\$ 11j.
11k. Contract rent to owner (if unit has other subsidy, put subsidized rent)	\$ 11k.
11m. Utility allowance, if any	\$ 11m.
11n. Gross rent of unit: 11k + 11m	\$ 11n.
11p. Reserved	
11q. TTP. Copy from 9j	\$ 11q.

If OFTO and not prorated rent, complete 11r only. If OFTO and prorated rent, complete 11ae, 11af, 11ag, 11ah, and 11ai.

**Rent Calculation** (If prorated rent, skip to 11aa)

11r. Total HAP: 11n minus 11q. If 11q is larger, put 0 (if OFTO, see Instruction Booklet)	\$ 11r.
11s. Tenant rent: 11k minus 11r. If positive or 0, put tenant rent.	\$ 11s.
If negative, credit tenant. or CR	\$ 11s.
11t. HAP to owner: lower of 11k or 11r	\$ 11t.

**Prorated Rent Calculation**

11aa. Normal total HAP: 11n minus 11q. Skip to 11ae	\$ 11aa.
Reserved	
Reserved	
Reserved	
11ae. Total number eligible	11ae.
11af. Total number in family	11af.
11ag. Proration percentage: 11ae ÷ 11af	11ag.
11ah. Prorated total HAP: If Regular tenancy: 11aa X 11ag. (If OFTO, see Instruction Booklet)	\$ 11ah.
11ai. Mixed family TTP: 11n minus 11ah	\$ 11ai.
11aj. Utility allowance. Copy from 11m	\$ 11aj.
11ak. Mixed family tenant rent: 11ai minus 11aj If positive or 0, put tenant rent.	\$ 11ak.
If negative, credit tenant. or CR	\$ 11ak.
11am. Reserved	
11an. Prorated HAP to owner: 11k minus 11ak (if 11ak is negative, put 11k)	\$ 11an.

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**11. Section 8: Pre-merger Certificates only (except owner-occupied manufactured home or rented space/pad)**

Line 11a: Unit size (number of bedrooms) listed on the rental certificate.

Note: Enter 0 (zero) for an efficiency or SRO unit and for assistance under the project-based certificate program.

Line 11b: Indicate whether or not the family moved or will move into the unit. (If the effective date of action is on or after October 1, 1999 must be No.)

Line 11c: Indicate whether or not the family qualifies as Hard to House.

Note: A family qualifies as Hard to House if there are three or more minors **and** the family is moving to a different unit.

Line 11d: Indicate whether or not the household moved or will move into the HA's jurisdiction under portability.

Line 11e: Monthly amount billed to the initial HA for the family's HAP amount, on-going administrative fee, and any utility reimbursement to the family.

Note: If absorbed by the receiving HA, enter 0 (zero).

Line 11f: The initial HA's 2-letter state code and 3-digit identification number.

Note: The receiving HA must obtain this number.

Line 11g: Housing type(s) that applies to the family's housing unit.

Line 11h: The Section 8 unit owner's legal name.

Line 11i: Tax identification number (TIN) or Social Security Number (SSN) of the legal unit owner.

Line 11j: The Fair Market Rent (FMR) or the approved exception rent that applies to the unit size and locality. (If the effective date of action is on or after October 1, 1999 must be blank.)

Note: See form HUD-50058 Instruction Booklet for preservation certificate, shared housing, and independent group residence (IGR) instructions.

Line 11k: Total monthly rent amount paid to the unit owner under the lease, or other subsidized rent amount.

Line 11m: Monthly allowance amount for tenant supplied utilities if the rental payment does not include all utilities.

Note: For shared housing and independent group residence (IGR) housing, enter only the family's prorated portion of the unit's utility allowance.

Line 11n: The unit's total monthly rent amount. Include any utility allowance provided to the tenant for the unit.

Line 11p: Reserved for future HUD use.

Line 11q: Total tenant payment per month the HA may require the family to pay. (Copy from line 9j.)

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**Rent Calculation (If prorated rent, skip to 11aa)**

Line 11r: Total housing assistance payment (HAP) amount.

Note: If OFTO, see the form HUD-50058 Instruction Booklet.

Line 11s: Total rent amount the family pays to the owner, or the total credit amount the family receives to pay utilities.

Line 11t: Amount of the housing assistance payment to the unit owner.

---

**Prorated Rent Calculation**

Line 11aa: Amount of the normal total housing assistance payment.

Note: If OFTO, leave blank.

Line 11ab: Reserved for future HUD use.

Line 11ac: Reserved for future HUD use.

Line 11ad: Reserved for future HUD use.

Line 11ae: Total number of family members eligible for rental subsidy based on their citizen status.

Note: Eligible family members have citizenship codes in line 3i of: EC, EN, or PV.

Line 11af: Total number of family members in the household.

Note: Include everyone except live-in aides or foster children/adults. Include ineligible noncitizen family members as part of the total family number.

Line 11ag: Percent of the family eligible for rental subsidy based on the total number eligible and the total number in family.

Note: A family with ineligible family members is only eligible for a percent of the rental subsidy.

Line 11ah: Total prorated housing assistance payment amount.

Note: If OFTO, see the form HUD-50058 Instruction Booklet.

Line 11ai: Total tenant payment for the unit based on the proration calculation.

Line 11aj: Monthly allowance amount for tenant supplied utilities if the rental payment does not include all utilities. (Copy from line 11m.)

Note: For shared housing, enter only the family's prorated portion of the unit's utility allowance.

Line 11ak: Total rent amount the family pays to the owner, or the total credit amount the family receives to pay utilities.

Line 11am: Reserved for future HUD use.

Line 11an: Total prorated housing assistance payment amount to the unit owner.

Note: If the prorated tenant rent is negative, enter the contract rent to owner.

Head of Household Name	Social Security Number	Date modified(mm/dd/yyyy)
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## 12. Section 8: Vouchers

12a. Number of bedrooms on voucher		12a.
12b. Is family now moving to this unit? Y or N		12b.
12c. Does the family qualify as a Hard to House family? Y or N (Must be N if line 12aj is MHS)		12c.
12d. Portability? Y or N (if no, skip to 12g)		12d.
12e. Cost billed per month (put 0 if absorbed)	\$	12e.
12f. HA No. billed (include 2 letter State code and 3 digit HA number)		12f.
12g. Check all housing types that apply:		
<input type="checkbox"/> SRO: 1 room occupied by 1 person	<input type="checkbox"/> IGR: has continual supportive services (prorate gross rent)	
12h. Owner name		12h.
12i. Owner TIN/SSN		12i.
12j. Voucher payment standard (for new leases, enter lower of payment standard or gross rent)	\$ 12j.	
12k. TTP. Copy from 9j	\$ 12k.	
12m. Maximum subsidy: 12j minus 12k (if 12k is larger, put 0)	\$ 12m.	
12n. Utility allowance, if any	\$ 12n.	
12p. Rent to owner	\$ 12p.	
12q. Gross rent of unit: 12n + 12p	\$ 12q.	
12r. Gross rent less maximum subsidy: 12q minus 12m	\$ 12r.	
12s. Reserved		

### Rent Calculation (If prorated rent, skip to 12ab)

12t. Total family contribution. Copy from 12r	\$ 12t.	
12u. Gross rent less contribution: 12q minus 12t	\$ 12u.	
12v. Total voucher subsidy: lower of 12m or 12u	\$ 12v.	
12w. HAP to owner: lower of 12p or 12v	\$ 12w.	
12x. Family rent to owner: 12p minus 12w	\$ 12x.	
12y. Utility reimbursement to family: 12v minus 12w	\$ 12y.	

### Prorated Rent Calculation

12aa. Reserved		
12ab. Normal total HAP. Copy from 12m	\$	12ab.
12ac. Total number eligible		12ac.
12ad. Total number in family		12ad.
12ae. Proration percentage: 12ac ÷ 12ad		12ae.
12af. Prorated total HAP: 12ab X 12ae	\$	12af.
12ag. Mixed family total family contribution: 12q minus 12af	\$	12ag.
12ah. Utility allowance. Copy from 12n	\$	12ah.
12ai. Mixed family tenant rent: 12ag minus 12ah	If positive or 0, put tenant rent.	\$ 12ai.
	If negative, credit tenant.	or CR \$ 12ai.
12aj. If manufactured homeowner leasing the space, enter MHS		12aj.
12ak. Prorated HAP to owner: 12p minus 12ai (if 12ai is negative, put 12p)	\$	12ak.



**12. Section 8: Vouchers**

Line 12a: Unit size (number of bedrooms) listed on the rental voucher.

Note: Enter 0 (zero) for an efficiency or SRO (Single Room Occupancy) unit.

Line 12b: Indicate whether or not the family will move or moved into the unit.

Line 12c: Indicate whether or not the family qualifies as Hard to House. (Must be No if line 12aj is MHS.)

Note: A family qualifies as Hard to House if there are three or more minors **and** the family is moving to a different unit.

Line 12d: Indicate whether or not the household will move or has moved into the HA's jurisdiction under portability.

Line 12e: Monthly amount billed to the initial HA for the family's HAP amount, on-going administrative fee, and any utility reimbursement to the family.

Note: If absorbed by the receiving HA, enter 0 (zero).

Line 12f: The initial HA's 2-letter state code and 3-digit identification number.

Note: The receiving HA must obtain this number.

Line 12g: Housing type(s) that applies to the family's housing unit.

Line 12h: The Section 8 unit owner's legal name.

Line 12i: Tax identification number (TIN) or Social Security Number (SSN) of the legal unit owner.

Line 12j: Enter the lower of the payment standard for the unit size as indicated on the family's voucher or the payment standard for the unit size that the family actually rents. For new leases, enter lower of payment standard or gross rent.

Note: If the family leases a unit under Section 236 or a Rural Housing Administration Section 515 project, enter the lower of the payment standard or the basic rent for the unit plus the utility allowance.

Note: See the form HUD-50058 Instruction Booklet for preservation voucher, shared housing, and independent group residence (IGR) instructions.

Line 12k: Total tenant payment per month. (Copy from line 9j.)

Line 12m: Maximum amount potentially available to the family for rental assistance under the voucher program.

Note: If the TTP is larger than the voucher payment standard, enter 0 (zero).

Line 12n: Monthly allowance amount for tenant supplied utilities if the rental payment does not include all utilities.

Note: For shared housing and Independent Group Residence (IGR), enter only the family's prorated portion of the unit's utility allowance.

Line 12p: Total monthly rent amount paid to the unit owner under the lease for the contract unit.

Line 12q: The unit's total monthly rent amount. Include any utility allowance provided to the tenant for the unit.

Line 12r: Monthly rent amount the family pays to the owner.

Line 12s: Reserved for future HUD use.

**Rent Calculation (If prorated rent, skip to line 12ab)**

Line 12t: Total amount the family contributes toward rent and utilities. (Copy from line 12r.)

Line 12u: Monthly amount potentially owed to the unit owner by the HA.

Line 12v: Total amount of the voucher subsidy.

Line 12w: Amount of the housing assistance payment to the unit.

Line 12x: Total rent amount the family pays to the owner.

Line 12y: Amount of utility reimbursement to the family from the HA.

**Prorated Rent Calculation**

Line 12aa: Reserved for future HUD use.

Line 12ab: Amount of the normal total housing assistance payment. (Copy from line 12m.)

Line 12ac: Total number of family members eligible for rental subsidy based on their citizen status.

Note: Eligible family members have citizenship codes in line 3i of: EC, EN, or PV.

Line 12ad: Total number of family members in the household.

Note: Include everyone except live-in aides or foster children/adults. Include ineligible noncitizen family members as part of the total family number.

Line 12ae: Percent of the family eligible for rental subsidy based on the total number eligible and the total number in family.

Note: A family with ineligible family members is only eligible for a percent of the rental subsidy.

Line 12af: Total prorated housing assistance payment amount.

Line 12ag: Total family contribution toward the unit based on the proration calculation.

Line 12ah: Monthly allowance amount for tenant supplied utilities if the rental payment does not include all utilities. (Copy from line 12n.)

Note: For shared housing, enter only the family's prorated portion of the unit's utility allowance.

Line 12ai: Total rent amount the family pays to the owner, or the total credit amount the family receives to pay utilities.

Line 12aj: If manufactured homeowner renting the space, enter MHS.

Line 12ak: Total prorated housing assistance payment amount to the unit owner.

Note: If the mixed family tenant rent is negative, enter the rent to owner.

Head of Household Name	Social Security Number	Date modified(mm/dd/yyyy)
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### 13. Section 8: Mod Rehab (except converted to Certificate)

13a. HAP contract number	<input type="text"/> <input type="text"/> --- <input type="text"/> <input type="text"/> <input type="text"/> --- <input type="text"/> <b>R</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> --- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	13a.
13b. Mod Rehab SRO Program for homeless? Y or N		13b.
13c. Mod Rehab SRO unit ( <b>Not</b> homeless program) Y or N		13c.
13d. Owner name		13d.
13e. Owner TIN/SSN		13e.
13f. Current base rent	\$ 13f.	
13g. Rehabilitation debt service	\$ 13g.	
13h. Contract rent to owner: 13f + 13g	\$ 13h.	
13i. Utility allowance, if any	\$ 13i.	
13j. TTP. Copy from 9j	\$ 13j.	

### Rent Calculation. (If prorated rent, skip to 13p)

13k. Tenant rent: 13j minus 13i. (If 13j is greater than 13h + 13i, put 13h)	If positive or 0, put tenant rent.	\$ 13k.
	If negative, credit tenant. or CR	\$ 13k.
13m. HAP to owner: 13h minus 13k (if 13k is negative, put 13h)		\$ 13m.
13n. Reserved		

### Prorated Rent Calculation

13p. Gross rent: 13h + 13i	\$ 13p.	
13q. Normal total HAP: 13p minus 13j	\$ 13q.	
13r. Total number eligible	13r.	
13s. Total number in family	13s.	
13t. Proration percentage: 13r ÷ 13s	13t.	
13u. Prorated total HAP: 13q X 13t	\$ 13u.	
13v. Mixed family TTP: 13p minus 13u	\$ 13v.	
13w. Utility allowance. Copy from 13i	\$ 13w.	
13x. Mixed family tenant rent: 13v minus 13w	If positive or 0, put tenant rent.	\$ 13x.
	If negative, credit tenant. or CR	\$ 13x.
13y. Reserved		
13z. Prorated HAP to owner: 13h minus 13x (if 13x is negative, put 13h)	\$ 13z.	

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**13. Section 8: Mod Rehab (except converted to Certificate)**

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Line 13a: The Housing Assistance Payment (HAP) contract number. Include the sequence number for each HAP contract.

Note: See the form HUD-50058 Instruction Booklet for a detailed breakdown of the contract number.

Line 13b: Indicate whether or not the family's unit is in a Single-Room Occupancy (SRO) project under the SRO Program for Homeless Individuals.

Line 13c: Indicate whether or not the family's unit is an SRO unit, but not under the SRO Program for Homeless Individuals.

Line 13d: The Section 8 unit owner's legal name.

Line 13e: Tax identification number (TIN) or Social Security Number (SSN) of the legal unit owner.

Line 13f: The current base rent for the unit that reflects the most recent rent adjustment.

Line 13g: The owner's current monthly rehabilitation debt service payments for the unit.

Note: If the owner paid off the rehabilitation loan, enter 0 (zero) here.

Line 13h: Total monthly rent amount paid to the Mod Rehab unit owner under the lease.

Line 13i: Monthly allowance amount for tenant supplied utilities if the rental payment does not include all utilities.

Line 13j: Total tenant payment per month the HA may require the family to pay. (Copy from line 9j.)

---

**Rent Calculation (If prorated rent, skip to 13p)**

---

Line 13k: Total rent amount the family pays to the owner, or the total credit amount the family receives to pay utilities.

Line 13m: Total housing assistance payment amount the HA pays to the unit owner.

Note: If the tenant rent is negative, enter the contract rent to owner.

Line 13n: Reserved for future HUD use.

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**Prorated Rent Calculation**

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Line 13p: The unit's total monthly rent amount. Include any utility allowance provided to the tenant for the unit.

Line 13q: Amount of the normal total housing assistance payment.

Line 13r: Total number of family members eligible for rental subsidy based on their citizen status.

Note: Eligible family members have citizenship codes in line 3i of: EC, EN, or PV.

Line 13s: Total number of family members in the household.

Note: Include everyone except live-in aides or foster children/adults. Include ineligible noncitizen family members as part of the total family number.

Line 13t: Percent of the family eligible for rental subsidy based on the total number eligible and the total number in family.

Note: A family with ineligible family members is only eligible for a percent of the rental subsidy.

Line 13u: Total prorated housing assistance payment amount.

Line 13v: Total tenant payment for the unit based on the proration calculation.

Line 13w: Monthly allowance amount for tenant supplied utilities if the rental payment does not include all utilities. (Copy from line 13i.)

Line 13x: Total rent amount the family pays to the owner, or the total credit amount the family receives to pay utilities.

Line 13y: Reserved for future HUD use.

Line 13z: Total prorated housing assistance payment amount to the unit owner.

Note: If the mixed family tenant rent is negative, enter the contract rent to owner.

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Head of Household Name	Social Security Number	Date modified(mm/dd/yyyy)
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**14. Manufactured Home Owner Renting the Space (pre-merger Certificates only)**

14a. Number of bedrooms on certificate		14a.
14b. Is family now moving to this space? Y or N (Must be N if line 2b is on or after 10/1/1999)		14b.
14c. Portability? Y or N (if no, skip to 14f)		14c.
14d. Cost billed per month (put 0 if absorbed)	\$	14d.
14e. HA No. billed (include 2 letter State code and 3 digit HA number)		14e.
14f. Check if Over-FMR Tenancy Option (OFTO): (NA if line 2b is on or after 10/1/1999) <input type="checkbox"/>		
14g. Space Owner name		14g.
14h. Space Owner TIN/SSN		14h.
14i. FMR, fill if: Voucher, OFTO, New admission, or Move (NA if line 2b is on or after 10/1/1999)	\$ 14i.	
14j. Furniture included in purchase price? Y or N		14j.
14k. Monthly amortization payment	\$ 14k.	
14m. Deduction: if 14j = Y, 14k X 0.15. If 14j = N, put 0	\$ 14m.	
14n. Adjusted amortization: 14k minus 14m	\$ 14n.	
14p. Utility allowance, if any	\$ 14p.	
14q. Rent to owner (space rent)	\$ 14q.	
14r. Gross rent: 14n + 14p + 14q	\$ 14r.	
14s. TTP. Copy from 9j	\$ 14s.	
14t. Gross rent minus TTP: 14r minus 14s	\$ 14t.	
14u. Reserved		
14v. HAP to owner (see Instruction Booklet)	\$	14v.

**Rent Calculation.** (If prorated rent, skip to 14aa)

14w. Tenant rent: 14q minus 14v	\$	14w.
14x. Reserved		

**Prorated Rent Calculation**

14aa. Total number eligible		14aa.
14ab. Total number in family		14ab.
14ac. Proration percentage: 14aa ÷ 14ab		14ac.
14ad. Prorated HAP to owner: 14v X 14ac	\$	14ad.
14ae. Mixed family TTP: 14r minus 14ad	\$	14ae.
14af. Reserved		
14ag. Mixed family tenant rent: 14q minus 14ad	\$	14ag.

---

**14. Manufactured Home Owner Renting the Space (Pre-merger Certificates only)**

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Line 14a: Unitsize (number of bedrooms) listed on the rental certificate.

Line 14b: Indicate whether or not the family moved or will move into the space identified. (If the effective date of action is on or after October 1, 1999, must be No.)

Line 14c: Indicate whether or not the household moved or will move into the HA's jurisdiction under portability.

Line 14d: Monthly amount billed to the initial HA for the family's HAP amount, on-going administrative fee, and any utility reimbursement to the family.

Note: If absorbed by the receiving HA, enter 0 (zero).

Line 14e: The initial HA's 2-letter State code and 3-digit identification number.

Note: The receiving HA must obtain this number.

Line 14f: Indicate if the family resides in OFTO housing. (If the effective date of action is on or after October 1, 1999, must be blank.)

Line 14g: The space owner's legal name.

Line 14h: Tax identification number (TIN) or Social Security Number (SSN) of the legal space owner.

Line 14i: Indicate the Fair Market Rent (FMR) for the space. (If the effective date of action is on or after October 1, 1999, must be blank.)

Line 14j: Indicate whether or not the manufactured home's purchase price included the cost of furniture.

Line 14k: Amount paid monthly for principle and interest to amortize the manufactured home's purchase price.

Note: If there is no monthly amortization payment, enter 0 (zero) here.

Line 14m: Deduction amount for furniture cost from the monthly amortization payment.

Note: Reduce the monthly amortization payment by 15% to exclude the cost of furniture if the manufactured home's purchase price **included** furniture. If the purchase price did **not** include furniture, enter 0 (zero) here.

Line 14n: Adjusted monthly amortization payment.

Line 14p: Monthly allowance amount for tenant supplied utilities if the rental payment does not include all utilities.

Line 14q: Total monthly rent amount paid to the space owner under the lease.

Line 14r: The space's total monthly rent amount. Include any adjusted amortization payment, utility allowance, and rent to owner.

Line 14s: Total tenant payment per month the HA may require the family to pay. (Copy from line 9j.)

Line 14t: The total tenant payment subtracted from the gross rent.

Line 14u: Reserved for future HUD use.

Line 14v: Amount of the housing assistance payment to the space owner.

Note: See the form HUD-50058 Instruction Booklet for the calculations to perform.

---

**Rent Calculation (If prorated rent, skip to 14aa)**

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Line 14w: Total rent amount the family pays to the owner

Line 14x: Reserved for future HUD use.

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**Prorated Rent Calculation**

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Line 14aa: Total number of family members eligible for rental subsidy based on their citizen status.

Note: Eligible family members have citizenship codes in line 3i of: EC, EN, or PV.

Line 14ab: Total number of family members in the household.

Note: Include everyone except live-in aides or foster children/adults. Include ineligible noncitizen family members as part of the total family number.

Line 14ac: Percent of the family eligible for rental subsidy based on the total number eligible and the total number in family.

Note: A family with ineligible family members is only eligible for a percent of the rental subsidy.

Line 14ad: Total prorated housing assistance payment amount.

Line 14ae: Mixed family total tenant payment for the space based on the proration calculation.

Line 14af: Reserved for future HUD use.

Line 14ag: Total rent amount the family pays to the owner.

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Head of Household Name	Social Security Number	Date modified(mm/dd/yyyy)
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<b>15. Indian Mutual Help</b>		
15a. Adjusted Monthly income. Copy from 9d	\$	15a.
15b. Number between 0.15 and 0.30 corresponding to the % in the mutual help agreement.		15b.
15c. Gross family cost: 15a X 15b	\$	15c.
15d. Utility allowance, if any	\$	15d.
15e. Net cost: 15c minus 15d (if 15d is larger, put 0)	\$	15e.
15f. Administration charge	\$	15f.
15g. Maximum monthly payment in agreement, if any.(usually 15f + monthly debt service)	\$	15g.
15h. Family cost: higher of 15e and 15f, but not greater than 15g.	\$	15h.

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<b>15.</b>	<b>Indian Mutual Help</b>
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Line 15a:	Total dollar amount of adjusted income received on a monthly basis. (Copy from line 9d.)
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Line 15b:	The Mutual Help and Occupancy Agreement (MHOA) percentage, as indicated in the Mutual Help agreement.
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Note:	Use a decimal between 0.15 and 0.30.
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Line 15c:	Total amount of the family's cost.
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Line 15d:	Monthly allowance amount for tenant supplied utilities if the rental payment does not include all utilities.
-----------	--

Line 15e:	Amount of the family's net cost.
-----------	----------------------------------

Note:	If the utility allowance is greater than the gross family cost, enter 0 (zero).
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Line 15f:	Amount of the Indian Housing Authority's (IHA) pre-set administration charge.
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Line 15g:	Amount of the IHA's established Maximum Monthly Payment Schedule, if any.
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Note:	The maximum is usually the total of the administration charge and any debt service payments shown on the homebuyer's purchase price schedule.
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Line 15h:	The higher amount of either the family's net cost or the administration charge.
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Note:	If this amount exceeds the maximum monthly payment in the agreement, enter the maximum monthly payment.
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## Family Self-Sufficiency Addendum

**U.S. Department of Housing and Urban Development**  
Office of Public and Indian Housing

16a. FSS Report Category (check one)      ☐ Enrollment Report      ☐ Progress Report      ☐ Exit Report

### 16b. Family Information

- (1) Answer this question only if this is an FSS Enrollment Report. Did the Family receive selection preference because of related service program participation?      ☐ JTPA      ☐ Other      ☐ None
- (2) Current Employment Status of Head of Household. Check the box to indicate the head of household's employment status at the time this FSS Addendum is being completed.      ☐ Full Time (32 hours per week or more)      ☐ Part-time      ☐ Not Employed
- (3) Years of School Completed by the Head of Household. Enter the highest grade of education or years of formal schooling the head of household completed. (0 - 25)       16b(3)
- (4) Assistance received by the Family. (Note that a household that no longer receives welfare such as TANF or SSI may receive Medicaid coverage for one year.)      Food Stamps?      ☐ Yes      ☐ No      Medicaid?      ☐ Yes      ☐ No
- (5) Is the Family currently receiving services from JTPA?      ☐ Yes      ☐ No

### 16c. FSS Services

(1) Initial Start Date of Contract of Participation:	(mm/yyyy)	16c(1)
(2) Initial End Date of Contract of Participation:	(mm/yyyy)	16c(2)
(3) Contract Date Extended to:	(mm/yyyy) (If applicable)	16c(3)
(4) Number of Family Members with Individual Training & Services Plan		16c(4)

### 16d. FSS Account Information

(1) Current FSS Account Monthly Credit	\$	16d(1)
(2) Current FSS Account Balance	\$	16d(2)
(3) FSS Account Amount Disbursed to the Family	\$	16d(3)

### 16e. Family Services Table

	(a) Contract Identified Service Needs (Y/N)	(b) Needs Met Through FSS (Y/N)	(c) Needs Met by Others (Y/N)
Education/Training			
GED			
High School			
Post Secondary			
Vocational/Job Training			
Job Search/Job Placement			
Transportation			
Health Services			
Child Care (Record number of children)			

### 16f. Exit Information (Complete only for FSS Exit Report)

- (1) Did family complete Contract of Participation?      ☐ Yes      ☐ No
- (2) If (1) is Yes, did family move to homeownership?      ☐ Yes      ☐ No
- (3) If (1) is No, reason for exit:
- ☐ Left voluntarily  
☐ Asked to leave program

☐ Left because essential service was unavailable  
☐ Contract expired but family did not fulfill obligations



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<b>FSS:</b>	<b>Family Self Sufficiency Addendum</b>
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Line 16a:	Indicate the purpose for which the form is completed: new FSS enrollment, update to a family's FSS status, or an exit from the FSS program.
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<b>Line 16b:</b>	<b>Family Information</b>
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- |     |   |
|-----|---|
| (1) | Indicate if the family received selection preference because of their participation in a related service program.       |
| (2) | Indicate the Head of Household's current employment status.   |
| (3) | Enter the highest grade or the full years of formal schooling that the Head of Household completed.                     |
| (4) | Indicate whether or not the family receives additional assistance, such as Food Stamps or Medicaid assistance.          |
| (5) | Indicate whether or not the family receives some kind of assisted service from the Job Training Partnership Act (JTPA). |

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<b>Line 16c:</b>	<b>FSS Services</b>
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- |       |  |
|-------|--|
| (1)   | Effective date of the family's FSS Contract of Participation.  |
| Note: | Include all four digits of the year.   |
| (2)   | Expiration date of the family's FSS Contract of Participation.   |
| (3)   | Date to which the HA has extended the family's FSS Contract of Participation, if applicable.   |
| (4)   | Number of family members in the household who have current individual Training and Services Plans under the FSS Contract of Participation. |

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<b>Line 16d:</b>	<b>FSS Account Information</b>
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- |       |  |
|-------|--|
| (1)   | Current amount credited to the family's FSS account due to increases in earned income by the family.         |
| Note: | If the family does not make contributions, enter 0 (zero).   |
| (2)   | Current amount of the family's FSS account based on the most recent reporting of account funds and activity. |
| Note: | If an FSS account has not yet been established for the family, enter 0 (zero).                               |
| (3)   | Total amount, if any, of all FSS escrow disbursements ever made to the family.                               |
| Note: | If no funds were disbursed, enter 0 (zero).  |

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<b>Line 16e:</b>	<b>Family Services Table</b>
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Note:	See the form HUD-50058 Instruction Booklet for a detailed description of each service listed in the table.
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- |     |   |
|-----|---|
| (a) | Indicate whether or not the Contract of Participation identified individual training and service needs of family members. |
|-----|---|

Note:	Under the Child Care service listing, record the number of children who need care.
-------	--

- |     |   |
|-----|---|
| (b) | Indicate whether or not the FSS program met needs or services identified in the Contract. |
|-----|---|

Note:	Under the Child Care service listing, record the number of children who need care.
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- |     |  |
|-----|--|
| (c) | Indicate whether or not the FSS program arranged to meet the needs identified in the Contract. |
|-----|--|

Note:	Under the Child Care service listing, record the number of children who need care.
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<b>Line 16f:</b>	<b>Exit Information (Complete only for FSS Exit Report)</b>
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- |     |  |
|-----|--|
| (1) | Indicate whether or not the family completed the Contract of Participation.  |
| (2) | Indicate whether or not the family is moving to homeownership.   |
| (3) | If the family did not complete the Contract of Participation, indicate the reason for their exit from the program. |